MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

May 2010

CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

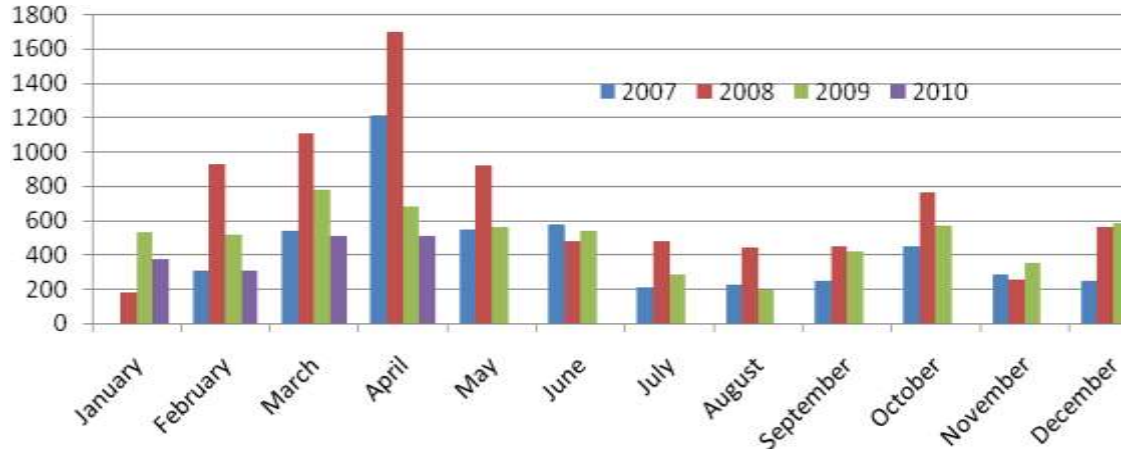
Maryland Trauma Physician Services Fund

Uncompensated Care Processing
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately $507,032 in March and $514,405 in April. The monthly payments for uncompensated care since February 2007 are shown below in Figure 1.

Electronic submission of Trauma Fund claims is now available. Physician practices' staff may contact Maureen Abbott, the Trauma Fund's customer service representative at CoreSource, at 1-800-624-7130, extension 55512, or direct dial at 410-933-5512 for further information.

The Commission allocated Equipment Grants of $28,571 to the Level II and Level III Trauma Centers in April.

Figure 1 – Trauma Fund Uncompensated Care Payments 2007-2010



Patient Centered Medical Home Workgroup

HB 929/SB 855, Patient Centered Medical Home Program, was unanimously approved by the Maryland General Assembly and signed into law by Governor O'Malley on April 13, 2010.

The Patient Centered Medical Home Workgroup met on April 29, 2010 for an update of activities presented by Workgroup staff.

The MHCC has awarded the RFP for assistance in developing the payment formula for the PCMH program to Discern Consulting and Linda Shelton.

Information regarding the work of each of the subgroups and the Workgroup, as well as the schedule of upcoming meetings, is available on the Council's website at: http://dhmh.state.md.us/mhqcc/pcmh.html.

Cost and Quality Analysis

Maryland Medical Care Data Base (MCDB)
The passage of the replacement data regulations in March has forced a delay in the data submission process during 2010, since the data submission documents for the expanded data collection could not be distributed to payers until the replacement regulations had been passed. The data submission deadline for payers will be moved up by approximately 60 days to account for the delay in their receipt of the revised data submission manual. Plans to re-design of the encryption methodology used by payers to differentiate individual users in the MCDB will be postponed until next year so that the re-design may be fully tested before it becomes a payer requirement. Based on feedback from payers during last year's "test" submission of institutional data, staff is making some minor adjustments to the information that will be required in the institutional data files submitted this year as an accommodation for payers who lack the detailed information required for some of variables in the file. Additionally, plans for the data expansion provide a 3-year transition to mandatory submission of most required data elements, during which time payers may request a waiver for a particular data element that they do not collect, but can demonstrate intention to collect in the future. Staff have also been reviewing and revising the data quality thresholds established for the professional services and pharmacy files to continue to improve the quality of the information contained in these files.

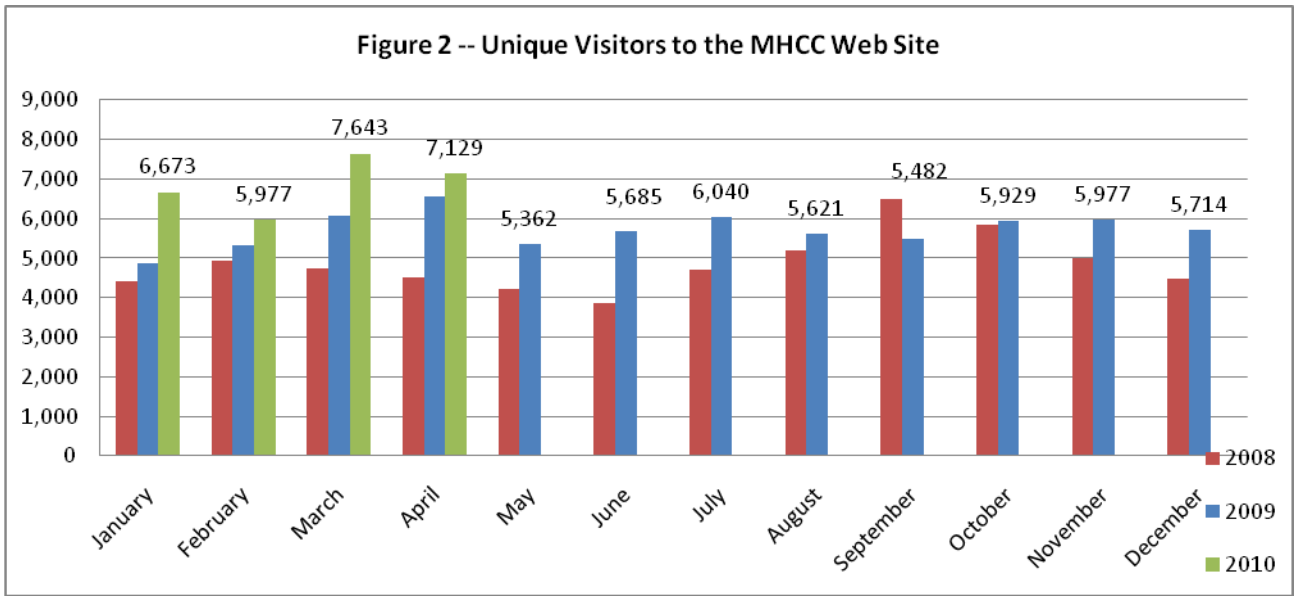
Report on Use of Professional Services by the Nonelderly, Privately Insured in Maryland
This annual report is in the processing phase and is expected to be completed in time for a summary of its highlights to be presented at the July Commission meeting. This year's report uses the analytical methods in employed in previous reports, with the notable addition of imputing payments for services that lack payment information (due to capitation or contracting arrangements). Including estimated payments for these services will improve the accuracy of the utilization information reported for users in HMO plans. Another significant change is the addition of an analysis of out-of-network (OON) service utilization. The purpose of this analysis is to provide baseline parameters for some of the analyses that will be required of the MHCC by the recent passage of Senate Bill 314. This analysis examines the share of total payments attributable to OON services in three dimensions: provider practices, patients, and payers. Other changes to the report content include the addition of information on use of and payments for anesthesia services and an expansion of the analysis on reimbursements to physicians and other health care professionals to compare average payment-per-RVU by type of service categories. Additionally, information on professional service utilization and expenditures will be restricted to just users who had insurance for the entire year, as it provides more accurate comparisons than utilization measures calculated on full- and part-year users combined.

Data and Software Development

Internet Activities
Unique visitors to the MHCC website in April decreased from March 2010 by 7 percentage points, but unique visitors increased 9 percentage points from April 2009. The number of first time visitors decreased by slightly less than 2 percentage points to 37 percent. Time on the site remained constant with the previous month and the number of pages viewed only increased by 2.2 percentage points from March 2010, bringing it to slightly higher than it was in January 2010.

Unique visitors who arrived by directly entering the MHCC URL (mhcc.maryland.gov) or subfolders for our URL (mhcc.maryland.gov/hospitalguide for example) increased slightly from March 2010 to 47 percent. Unique visitors who arrived via a search engine such as Google, increased very slightly by less than 1 percentage point, to 38 percent. Google was responsible for directing nearly the same percent of visitors to our site in March as in February, which is 24 percent of all unique visits and nearly 50 percent of all new visits. The most common keywords used in the search were: "Maryland Health Care Commission;"and "mhcc." This month three new keywords appeared, "cchit;"

"mhcc.maryland.gov/consumerin/nhguide/;" and "maryland health information." The remaining 16 percent of visitors were referred from sites such as other state agencies. The DHMH website was the most common referring site, followed by the Maryland Web Portal (Maryland.gov).



Web Development for Internal Applications

Table 1 presents the status of development for internal applications and for the health occupation boards. In the upcoming months, MHCC staff will add several new capabilities to the website, the first of which will be a listserv capability, which is not available for several projects at the Commission. Planning is underway for several new projects, including a Physician/Health Professional Portal that will integrate information on all projects that are of interest to health professionals in Maryland. The second effort is a redesign of the Hospital Quality website. A combination of internal and contract resources will be used for this effort.

Table 1– Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
Board of Physicians – Physician Renewal	June	July 2010
Chiropractic Examiners	July	September 2010
Health Insurance Partnership	Ongoing Maintenance	October 2010
Nursing Home/Long Term Care Survey Development	Complete	January 2010
MHCC Listserv	Completed	Available as of December 2009
Health Insurance Compare	Deferred	February 2010
Physician Portal	Underway	February 2010
Hospital Quality Redesign	Planning	Spring 2010

CENTERS FOR HEALTH CARE FINANCING AND LONG-TERM CARE AND COMMUNITY BASED SERVICES

Health Plan Quality and Performance

The State Employee Guide to Maryland Managed Care Plans which was released in a March at the same time open enrollment materials were distributed to state employees. The State has transitioned from offering HMO plans to offering exclusive provider organization (EPO) plans. EPOs are somewhere between HMOs and PPOs. This has complicated health plan reporting in the State Employee Guide.

We have piloted a proprietary product for the last two years called eValue8 which complements the HEDIS measures and creates a much more robust performance measurement program and subsequently results in a report with greater utility for employers and employees choosing a health plan. Unfortunately, negotiations with the franchisee, the Mid-Atlantic Business Group on Health, for the 2010 evaluation period have stalled and we do not anticipating providing eValue8 information in the 2010 reports. Staff have met with NCQA to determine how to expand measurement to address quality measurement topics. Additionally, staff are reaching out to Maryland employers to get feedback on the utility of the Consumer Guide. Recently, a brief survey was sent out in the Maryland Chamber of Commerce newsletter to solicit feedback.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)
The enactment of SB 637/HB 674 requires the Commission to post on the MHCC website and update quarterly, premium comparisons of health benefit plans issued in the small group market. The RFP for development of this web portal (referred to as VIRTUAL COMPARE©) was issued, five proposals were received, and Benefit Focus was selected for this project. This web portal is expected to be operational within the next 6 months.

Each year, carriers participating in the small group market are required to submit to the Commission completed survey forms that include enrollment and premium information in the CSHBP for the preceding calendar year. This year's analysis is based on data for the calendar year ending December 31, 2009. Commission staff is in the process of analyzing these data and will present the findings of these surveys at the May public meeting.

Health Insurance Partnership
The "Partnership" premium subsidy program has been available to certain small employers with 2 to 9 full time employees since October 1, 2008. As of May 10, 2010 enrollment in the Partnership was as follows: 260 businesses; 725 enrolled employees; 1,230 covered lives. The average annual subsidy per enrolled employee is $2,300; the average age of all enrolled employees is 39; the group average wage is approximately $28,000; the average number of employees per policy is 3.9; and the total subsidy amount allocated is almost $1.7 million.

Mandated Health Insurance Services
Insurance Article § 15-1501, Annotated Code of Maryland, requires the Commission to submit an annual report to the General Assembly on: (1) any proposed mandated health insurance service that failed during the preceding legislative session; and (2) any request for analysis on a proposed mandated benefit that was submitted by a Legislator to the Commission by July 1st of that year. Each evaluation must include an assessment on the medical, financial, and social impact of the proposed mandate. At the December 2009 meeting, the Commission approved the annual report (prepared by Mercer) that evaluated two

proposed mandates: coverage for autism spectrum disorder without age and monetary limits; and cost of changing the eligibility requirement in the current mandate covering in vitro fertilization (IVF) from two years of infertility to one year of infertility. The approved report was submitted to the General Assembly in early January and is posted on the MHCC website. Several proposed mandates failed during the 2010 legislative session and will be evaluated this year.

Long Term Care Policy and Planning

Hospice Data
The FY 2009 Maryland Hospice Survey was released for online data entry as of February 23, 2010. All hospice programs have now completed the online data entry for Part I of the survey. Part II data is due in June. Staff will continue to monitor data entry progress with OCS, the contractor for this survey.

Minimum Data Set
Staff is currently working with the minimum data set (MDS) Resident Assessment Instrument to update data sets for planning and policy development. The focus is on: update current programs and address programming issues; construct variables for research projects; develop a methodology to impute missing data; create data sets that permit tracking of variables over time; and link data sets. The most recent conference calls to address these issues were held on March 23rd and May 5th.

Nursing Home Occupancy
On an annual basis, the Commission updates and publishes data on nursing home occupancy and Medical assistance participation rates. This data is used for health planning, data analysis, and Certificate of Need. The tables include occupancy rates by jurisdiction and region and required Medical Assistance participation rates by jurisdiction and region. The tables were published in the March 12th issue of the *Maryland Register*.

Home Health Agency Data Analysis
Tables summarizing data collected on the Commission's Home Health Agency Annual Survey for Fiscal Year 2008 are posted on the Commission's webpage under Public Use Files http://mhcc.maryland.gov/public_use_files/index.aspx. A list of all 24 detailed tables is also included in order to assist users in finding certain types of data available.
Commission staff continues to review and analyze utilization trend data of HHA services. Staff is looking at age-specific use rates, as well as jurisdiction-specific utilization patterns in order to determine possible changes to the methodology for forecasting home health agency need.

Home Health Agency Survey
Data cleaning has been completed for the FY 2008 Home Health Agency Survey. For the FY 2009 survey, for Phase 2 agencies-those agencies with fiscal year ending dates of September 30, and December 31, 2009- data collection began on March 1, 2010. Training was offered to agency staff during March. The due date for data submission for Phase 2 agencies is May 29, 2010.

Long Term Care Survey
The revised Long Term Care Survey was beta tested by selected nursing homes, assisted living, and adult day care providers during March. The testers had some constructive suggestions, but overall they were very pleased with the improvements that had been made to the Long Term Care Survey. They felt that it was more user-friendly, and that it took less time to complete. The survey notice was sent out on April 1, 2010 and it was available for online data entry as of April 8, 2010. A 30-day reminder letter was sent out on May 5, 2010 for those who have not yet completed the survey.

Long Term Care Quality Initiative

LTC Website Expansion
Phase 2 of the LTC website expansion is in process: the proposed final design is being reviewed by stakeholders to confirm various features and functionality. The contractor has also begun to build the site.

Nursing Home Surveys
A contractor has been selected to conduct nursing home surveys for calendar years 2010-2014. The Maryland Short Stay Resident Survey was an invited paper featured at the Agency for HealthCare Research and Quality (AHRQ) User Group Meeting in held in Baltimore in April.

The *Seasonal Influenza Vaccination Survey* for nursing homes is nearing completion. This is a pilot year for the survey which is a collaboration between MHCC and the Medicaid Office of Long Term Care and Community Support Services. MHCC will analyze the information received and format into a facility specific report to be shared with each nursing home for review and comment. In 2011, the MHCC intends to collect the survey information for public report.

Racial and Ethnic Disparities

First meeting of the Work Group on Racial, Ethnic, and Language Disparities in Health Care was held on May 3, 2010. Jessica Briefer French, Senior Consultant for Research at NCQA, presented information about NCQA Multicultural Health Care Distinction Program, and Katy Francis, Chief of Health Information Exchange, provided an update on the Commission's activities related to Health Information Technology. The work group will be working on developing an education plan for employers/employees/individuals this year.

CENTER FOR HOSPITAL SERVICES

Hospital Services Planning and Policy

Certificate of Need (CON): March 1, 2010 through April 30, 2010

CONs Issued
University of Maryland Medical Center (Baltimore City) – Docket No. 09-24-2300
Construction of a building addition connecting the Shock Trauma and Weinberg Buildings at Penn and Lombard Streets. The project expands the emergency department, surgical facilities (net addition of five operating rooms), simulation and training facilities, and intensive care bed capacity (net addition of 27 beds). Approved Cost: $176,435,000
March 18, 2010

Pre-Licensure/First Use Approval Issued (Completion of CON-Approved Projects)

Carroll Hospital Center (Carroll County) – Docket No. 09-06-2298
Relocation of 2 operating rooms from the Ambulatory Care Center to the hospital
Final Cost: $25,000
March 9, 2010

Carroll Home Care (Baltimore County) – Docket No. 08-03-2233
Expand general home health services into Baltimore County

Cost: $0
March 9, 2010
Carroll Home Care (Frederick County) – Docket No. 08-10-2258
Expand general home health services into Frederick County
Cost: $0
March 9, 2010

Frederick Surgical Center (Frederick County) – Docket No. 09-10-2296
Relocate an existing ambulatory surgery center
Final Cost: $2,429,540
March 12, 2010

MBL, Associates, Inc. (Montgomery County) – Docket No. 07-15-2216
Establish a general home health agency to serve residents of Montgomery County
Final Cost: $176,150
March 17, 2010

CON Applications Filed

Waldorf Nursing & Rehabilitation Center (Charles County) – Matter No. 10-08-2309
Construction of a new 67-bed comprehensive care facility ("CCF") to be located at 3735 Leonardtown Road, Waldorf
Estimated Cost: $9,574,536
Filed: March 12, 2010

Comprehensive Nursing Services (Baltimore County) – Matter No. 10-03-2310
Establish a specialty home health agency for pediatric and maternal/newborn care serving residents of Baltimore City and Anne Arundel, Baltimore, Carroll, Cecil, Harford and Howard Counties
Estimated Cost: $36,000
April 7, 2010

Determinations of Coverage

- **Ambulatory Surgery Centers**

Howard L. Schultheiss, Jr. DPM (Harford County)
Change in medical staff at surgery center
March 21, 2010

Arundel Ambulatory Surgery Center (Anne Arundel County)
Change in medical staff at surgery center
March 24, 2010

Arundel Ambulatory Surgery Center (Anne Arundel County)
Reconfiguration of administrative offices and floor plan changes
March 24, 2010

Rockledge Surgery Center (Montgomery County)
Addition of procedure room to an ambulatory surgery center
March 25, 2010

Amna Medical Center (Cecil County)

Establish an ambulatory surgery center with 1 sterile operating room and 2 non-sterile procedure rooms to be located at 300 West Pulaski Highway, Elkton, Maryland
March 24, 2010
Surgery Center of Bethesda (Montgomery County)
Relocation of Surgery Center from Suite 112 to Suite P14 at 8218 Wisconsin Avenue, Bethesda
March 24, 2010

Shore Health System Surgery Center (Talbot County)
Establish an ambulatory surgery center with 1 sterile operating room and 1 non-sterile procedure room to be located at 6 Caulk Lane, Easton.
March 31, 2010

Frederick UroSurgical Center (Frederick County)
Establish an ambulatory surgery center with 2 non-sterile procedure rooms to be located at 110 Baughmans Lane, Suite 201, Frederick
April 14, 2010

- **Acquisitions**

Althea Woodland Nursing Home (Montgomery County)
Acquisition of the land, physical plant, and all the real and personal property associated with the nursing home by Silver Spring Health, LLC, and Mountainaire Health, LLC, with a purchase price of $3,225,000
April 5, 2010

Heron Point of Chestertown (Kent County)
Affiliation of PUMH of Maryland, Inc. d/b/a Heron Point of Chestertown with ACTS Retirement-Life Communities and it controlled affiliate. Following affiliation ACTS will become sole member of Heron Point.
April 8, 2010

- **Capital Threshold**

Sinai Hospital of Baltimore (Baltimore City)
Construct a 2-story addition to house a new 26-bed pediatric unit, a new entrance lobby, an elevator lobby and shell space
April 2, 2010

- **Other**

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

Arcola Health & Rehabilitation Center (Montgomery Co.)
Temporary delicensure of 7 CCF beds
March 10, 2010

Renaissance Gardens at Charlestown (Baltimore County)
Delicensure of 3 CCF beds
March 10, 2010

Glen Burnie Health & Rehabilitation Center (Anne Arundel County)
Temporary delicensure of 10 CCF beds
March 10, 2010

North Arundel Health & Rehabilitation Center (Anne Arundel County)
Temporary delicensure of 13 CCF beds
March 10, 2010

Summit Park Health & Rehabilitation Center (Baltimore County)
Temporary delicensure of 7 CCF beds
March 10, 2010

Patuxent Health & Rehabilitation Center (Prince George's County)
Temporary delicensure of 7 CCF beds
March 10, 2010

St. Vincent Care Center (Frederick County
Delicensure of 23 CCF beds
March 30, 2010

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

FutureCare – Northpoint (Baltimore County)
Relicensure of 11 of 30 temporarily delicensed CCF beds, and the sale of the remaining 19 to FutureCare – Cherrywood (Letter of Intent to be filed August 13, 2010)
March 18, 2010

Montgomery Village Nursing Home (Montgomery County)
Relicensure of 8 of 25 temporarily delicensed CCF beds
April 8, 2010

Woodside Center (Montgomery County)
Relicensure of 5 temporarily delicensed CCF beds
April 8, 2010

Clinton Nursing & Rehabilitation Center (Prince George's County)
Relicensure of 10 temporarily delicensed CCF beds
April 8, 2010

- **Miscellaneous**

Amedysis
Notification that corporate restructuring as acknowledged by letter of January 13, 2010 will not take effect.
March 10, 2010

Jewish Social Services Agency Hospice
Permission to provide hospice services to a patient in Prince George's County
March 23, 2010

- **Waiver Beds**

Rock Glen Nursing & Rehabilitation Center (Baltimore City)
Addition of 4 CCF waiver beds for a total of 120 CCF beds
April 28, 2010

Hospital Quality Initiatives

Hospital Performance Evaluation Guide (HPEG) Advisory Committee

The HPEG Advisory Committee held its monthly meetings in March and April and continues to provide guidance on the various activities associated with the maintenance and expansion of the Hospital Performance Evaluation System. Most recent accomplishments are highlighted below:

- *Maryland Quality Measures Data Center Project*

The Maryland Quality Measures Data Center (QMDC) was established in 2009 under contract with the Iowa Foundation for Medical Care (IFMC). The QMDC provides a web-based tool for hospitals to upload clinical quality measures and patient experience (HCAHPS) data required to be reported to the Commission. The deadline for submission of 3rd quarter 2009 clinical and HCAHPS data was March 8, 2010 and all hospitals met the reporting deadline. The data was posted to the Hospital Guide on April 12, 2010. It is important to note that each hospital was given the opportunity to preview their data before it was displayed on the Guide. The next clinical quality measures and HCAHPS data submission period begins on May 16, 2010; this data will be posted to the Hospital Guide in July 2010.

The contract with IFMC also incorporates a data validation component that is currently underway. The validation component includes an on-site review of a sample of patient medical records to ensure that the hospital record supports the quality measures data submitted to the MHCC. The first phase of the validation project focused on the 1st and 2nd quarter 2009 clinical process measures data in 24 hospitals, with 10 recorded being audited per hospital. The results of this first audit were highly positive, with an overall pass rate of 94%. Hospitals that participated in the 1st and 2nd quarter audit will be able to preview their individual results through the QMDC website; additionally, MHCC and QMDC will be hosting a webinar on May 25, 2010 to review the outcomes of the audit.

- *Collection of Data on Specialized Cardiac Care Services*

The Commission is in the process of organizing a standing Maryland State Cardiac Data Advisory Committee to assist in implementing the percutaneous coronary intervention (PCI) data reporting requirements. This Committee will advise the Commission on a range of issues, including data collection, reporting, risk-adjustment, and auditing processes to facilitate quality improvement; mechanisms to promote sharing of information for transferred patients and for patients using emergency medical services providers; and, any recommended changes to the data set to reflect Maryland priorities. To establish the Advisory Committee, the Commission has requested that key stakeholder organizations nominate representatives, including the American Heart Association-Mid-Atlantic Affiliate, Maryland Chapter of the American College of Cardiology, Maryland Hospital Association, Maryland Institute for Emergency Medical Services Systems, and The Society for Cardiovascular Angiography and Interventions. All meetings of the Advisory Committee will be announced to and open to the public. A webpage has been added to the Commission's website to post materials related to the Maryland State Cardiac Data Advisory Committee and may be accessed at: http://mhcc.maryland.gov/cardiac_advisory/index.html

All Maryland acute general hospitals with a waiver from the Commission to provide primary percutaneous coronary intervention (PCI) services or with a certificate of need issued by the Commission for a cardiac surgery and PCI program are required to enroll in and report quarterly data to the Commission from the: American College of Cardiology (ACC) Foundation's National Cardiovascular Data Registry (NCDR) ACTION Registry-GWTG; and, ACC Foundation's NCDR CathPCI Registry. These reporting requirements apply to eligible patients discharged on or after July 1, 2010. For the ACTION Registry-GWTG, hospitals may submit either ACTION Registry-GWTG Limited or Premier. The Commission published formal notice regarding these reporting requirements in the *Maryland Register* on April 23, 2010.

Healthcare Associated Infections (HAI) Data

- *American Recovery and Reinvestment Act (ARRA) Grant Funding*

On September 4, 2009, the Centers for Disease Control and Prevention (CDC) announced the award of a $1.2 million grant to Maryland under the American Recovery and Reinvestment Act (ARRA) to enhance the prevention of healthcare-associated infections (HAI). The grant is a collaborative effort involving the Department of Health and Mental Hygiene, Maryland Health Quality and Cost Council, and the Maryland Health Care Commission. The funds available under this program will build on the Commission's HAI initiatives and enable Maryland to strengthen its data collection, reporting, and analysis infrastructure to meet the challenge of preventing HAI.

The Healthcare Associated Infections (HAI) Advisory Committee held its monthly meetings in March and April to review and discuss a variety of activities related to HAI prevention and control. *Validation of Data on Central Line-Associated Blood Stream Infections (CLABSI) in the ICU.* Since July 1, 2008, Maryland hospitals have been required to use the National Healthcare Safety Network (NHSN) surveillance system to report data to the Commission on Central Line-Associated Blood Stream Infections (CLABSI) in any ICU. Hospitals are required by NHSN to report data in the system within 30 days following the end of the month. The Commission has collected several months of CLABSI data and initiated an independent quality review of the data prior to public release of the information on the Hospital Guide. The Commission has engaged the services of a contractor with expertise and experience in auditing healthcare infections data. The contractor, APIC Consulting Services, Inc., has completed the on-site reviews and is in the process of completing the audit analysis for presentation to hospital IPs.

- *Health Care Worker Seasonal Influenza Vaccination Survey*

The 2009-2010 Health Care Worker Seasonal Influenza Vaccination Survey was sent to hospitals for completion in early April. Hospitals have until May 15, 2010 to submit the survey to MHCC. On April 15, 2010, Commission staff presented data from the pilot HCW Seasonal Influenza Vaccination survey of Maryland hospitals to the 2009-2010 Maryland Flu Season Wrap-Up meeting sponsored by the Maryland Partnership for Prevention.

- *Active Surveillance Testing (AST) for MRSA in All ICUs Survey*

The results of the 4th quarter 2009 survey for collecting data on Active Surveillance Testing (AST) for MRSA in All ICUs have been posted to the Maryland Hospital Performance Evaluation Guide.

- *Surgical Site Infection Data Reporting*

In collaboration with the Maryland Hospital Association, MHCC staff held a half day training for Maryland hospitals on May 6th to review the upcoming Surgical Site Infection (SSIs) data reporting requirement which will begin July 1, 2010 for surgeries involving hip replacements, knee replacements, and CABG. Maggie Dudeck, MPH, CPH, from the Division of Healthcare Quality Promotion at the Centers for Disease Control and Prevention (CDC) presented on the Surgical Site Infections module of the National Healthcare Safety Network System (NHSN) including: (1)review key terms and definitions of infection and data fields used for reporting SSI events and denominator (procedure) data; (2) definitions and interpretation of SSI rates and the Standardized Infection Ratio (SIR); and, (3) description of the procedure import process in NHSN.

Other Activities

In support of MHCC's hospital quality initiatives, the staff continues to reach out to other units within DHMH, federal agencies, professional organizations and other states, to share and gather information and to identify opportunities for collaboration and improvement

Specialized Services Policy and Planning

On April 14, 2010, Doctors Community Hospital timely filed an application for a waiver to provide primary percutaneous coronary intervention (pPCI) services in a hospital without on-site cardiac surgery. Notice of the docketing of the application will be published in the *Maryland Register* on May 21, 2010.

Through a clinical registry established in January 2006, the Commission collected data on patients with ST-segment elevation myocardial infarction (STEMI) who presented at hospitals that have a pPCI waiver. The final STEMI Registry data have been audited; the data report for calendar year 2009 will be available on May 20, 2010.

On April 13, 2010, the State Emergency Medical Services Board took final action to adopt new regulations that provide standards under which the Maryland Institute for Emergency Medical Services Systems may designate a hospital as a Cardiac Interventional Center. Notice of this action was published in the *Maryland Register* on April 23, 2010; the effective date of the regulations is May 3, 2010. Under these regulations, hospitals that currently have a Certificate of Need issued by the Commission for a cardiac surgery program or have a current waiver from the Commission to provide pPCI services to patients meeting certain criteria for pPCI in settings without on-site cardiac surgery may seek voluntary designation. Similar facilities that are located in bordering states may also be designated as Cardiac Interventional Centers.

The Mid-Atlantic Affiliate of the American Heart Association will hold a workshop on STEMI systems of care in Maryland on Saturday, May 22, 2010, at Anne Arundel Medical Center's Conference Center in the Health Sciences Pavilion, 2000 Medical Parkway, Annapolis, Maryland. There is no fee for the workshop. Additional information is available at: http://www.americanheart.org/presenter.jhtml?identifier=3073769.

CENTER FOR HEALTH INFORMATION TECHNOLOGY

Health Information Technology

Staff completed the semi-annual updates to the web-based EHR Product Portfolio (portfolio). Included in the portfolio is a list of electronic health record (EHR) vendors that have met the most stringent Certification Commission for Healthcare Information Technology (CCHIT) certification standards relating to functionality and security. These vendors agree to offer product discounts and provide information as it relates to five-year pricing projections, line item pricing structures, posting of consumer feedback from five references, and policies related to privacy and security. Staff released the portfolio's first version in September of 2008 and completed a full revision in September 2009. The latest changes include the addition of seven EHR vendors to the existing 25 vendors. A third update to the portfolio is planned for September 2010.

Staff continued to discuss proposed EHR adoption incentives with Aetna, CareFirst, CIGNA, Coventry Health Care, Kaiser Permanente, and United HealthCare as it relates to House Bill 706 *Electronic Health Records – Regulation and Reimbursement* (HB 706), which requires state-regulated payers to provide monetary incentives for the adoption and meaningful use of EHRs beginning in 2011. The law builds on the Medicare and Medicaid adoption incentives under the *American Recovery and Reinvestment Act of 2009* (ARRA) and requires state-regulated payers to provide incentives for the adoption of EHRs. Over the last six months, MHCC has worked with the six largest private payers in the state, who represent more than 90 percent of the total premium volume in Maryland. Last month, these payers reached consensus on ideas to include in an EHR adoption incentive program. Over the next couple of months, MHCC expects to finalize the EHR adoption incentive program and draft the supporting regulations.

Staff convened a Management Service Organization (MSO) Advisory Panel in November 2009 to begin the process of developing the *MSO State Designation Criteria* pursuant to HB 706, which requires the MHCC to designate one or more MSOs by October 2012. MSOs are organizations that provide centralized administrative and technology services. MSOs are considered a viable alternative to the EHR client-server model, which requires providers to assume the maintenance and upkeep of the technology, and the privacy and security of the data. The Advisory Panel consisted of a highly diverse group of about 40 stakeholders including, but not limited to, physicians, hospitals, national MSOs, EHR vendors, and representatives from a national accrediting organization. The Advisory Panel has completed the development of the criteria. Staff finalized the application and the program overview document. Staff expects to begin accepting applications from MSOs interested in state designation in May.

Staff is in the final stages of putting together an independent nursing home EHR adoption meeting being held on May 18th at the MHCC. A panel of independent nursing homes that have adopted an EHR system will make presentations on the benefits and barriers of adopting EHRs, and talk about the efficiencies gained by implementing the technology. Key participants on the panel include Longview Nursing Home, the National Lutheran Home for the Aged, and an EHR vendor representative. The purpose of the panel presentation is to address concerns raised by many of the independent nursing homes at the February 16th meeting and further collaborate on the challenges around adopting EHRs. In general, independent nursing homes are concerned with integrating EHRs with existing disparate technology currently in use at their facilities. Issues related to cost and privacy and security were also concerns identified by the independent nursing homes. Approximately 57 independent nursing homes that have not adopted an EHR have been invited to participate in the panel discussion. The rate of independent nursing home adoption of EHRs is approximately 24 percent in Maryland.

Staff is in the final stages of completing the initial draft of the second annual *Hospital Health Information Technology Survey* (survey) report. The survey assesses the rate of health information technology (HIT) adoption and planning activities in the state's 47 acute care hospitals. In general, hospitals have made considerable progress in their efforts to adopt HIT. A notable finding is that the adoption of electronic medication administration records increased by around 23 percent and EHR adoption increased by about 4 percent. This survey is similar to several surveys administered nationally that assess HIT adoption; however, it is unique in that it includes planning questions in an effort to better understand the future of HIT adoption. The survey reports the findings in aggregate, based on size, geographic location, and affiliation with other hospitals and health systems, and will benchmark Maryland's progress with national activity. Staff will seek comments on the draft document from hospital Chief Information Officers in May.

The *Health Information Technology: An Assessment of Freestanding Ambulatory Surgical Centers* (FASCs) *in Maryland* report was released in March. The report is based upon findings from the *MHCC Health Information Technology Survey for Ambulatory Surgical Centers*. The survey assessed the adoption level of technology such as EHRs, computerized physician order entry, electronic medication administration records, barcode medication administration, electronic infection surveillance, electronic prescribing, and electronic health information exchange. The report identified that health information

technology (HIT) adoption among the state's FASCs is modest; HIT adoption incentives under the *American Recovery and Reinvestment Act of 2009* (ARRA) are not available to FASCs. Based upon discussion with the Maryland Ambulatory Surgical Association, staff made modifications to the survey, which will be included in the upcoming *Maryland Freestanding Ambulatory Surgical Center Survey*.

Staff continues to provide support to the Centers for Medicare and Medicaid Services (CMS) on their EHR Demonstration Project (project), which has been underway since June for nearly 120 physician practices in Maryland. Last month, staff provided roughly 60 primary care practices with web links containing guidance on negotiating EHR vendor contracts and information on overcoming leading barriers identified during the implementation of an EHR. Participants in the project can earn up to $290,000 over a five-year period by demonstrating the adoption of EHRs and reporting on select quality measures to CMS. Primary care practices must implement an EHR system by May 2011 to remain in the project. Staff participated with CMS in a virtual meeting with participating practices to discuss prior year activities and other CMS adoption initiatives planned for the remainder of the year. CMS anticipates processing the first year's incentive payment in the fourth quarter of 2010. This project is limited to Maryland, Louisiana, Pennsylvania, and South Dakota.

Health Information Exchange

Staff continues to provide guidance to committees of the Advisory Board for the Chesapeake Regional Information System for our Patients (CRISP). Last month, the Finance Committee discussed the cost model for provider participation in the health information exchange (HIE), and the Technology Committee finalized the evaluation of the core infrastructure and Master Patient Index vendors (MPI). Staff has approved CRISP's recommendation to use Axolotl as the vendor for the core infrastructure. Staff has also approved CRISP's decision to evaluate using a third party vendor's Master Patient Index (MPI). A final recommendation from CRISP on the MPI is planned for later this year. During the month, staff worked with CRISP to identify key information on the core infrastructure technology that will be presented to the Policy Board. This information is aimed at helping the Policy Board understand the flexibility of the technology as they begin to develop policies relating to privacy and security. Staff continues to explore in more detail the potential for using select identifiers from the Motor Vehicle's Administration database to populate the MPI. Staff also continues to provide support to CRISP in developing their provider outreach program.

At the last Policy Board meeting, Ray Scott, Axolotl's Chief Executive Officer, overviewed key questions regarding policy flexibility of the Axolotl system. Policy Board members identified roughly 20 questions regarding Axolotl's ability to implement policies which may be unique to Maryland. A representative from Ober|Kaler, CRISP's legal counsel, led a brief discussion on the challenges they are trying to resolve in developing the *Data Use and Reciprocal Support Agreement* (DURSA) that providers will need to sign before they can exchange data. The Policy Board also discussed Use Cases (services) that the HIE will implement and the order for implementation. Policy Board members are currently considering leading challenges related to policy if Use Cases were grouped for implementation. Staff developed a *National HIE Policies* webpage that will serve as a resource for existing policies from states with an HIE initiatives. A subgroup of the Policy Board is scheduled to meet in May to continue discussion on key policies that need to be addressed as the statewide HIE is implemented, and to shape the agenda for the next Policy Board meeting scheduled for Tuesday, May 25th.

During the month, staff participated in two virtual meetings with the Office of the National Coordinator for Health Information Technology (ONC). These meetings centered on reporting and performance requirements for the *Health Information Exchange Cooperative Agreement Program*. ONC had formally notified the MHCC in March that Maryland will receive $9.3M in funding under the grant program. Staff also participated in several discussions with the ONC appointed grant manager, who will work closely with staff throughout the four year implementation period. The grant manager requested modifications to the *Health Information Technology State Plan* (State Plan). Revisions to the State Plan were submitted to ONC during the month. Staff also provided support to CRISP in developing an Operations Plan for the

Health Information Technology Extension Programs: Regional Centers Cooperative Agreement Program (REC) requested by ONC. CRISP received an award of $5.5M to administer the REC program in Maryland.

Staff received notification that CMS approved approximately $1.5M in funding for the completion of work under the *HIT Planning Advanced Planning Document* (HIT P-APD) developed for the Maryland Medical Assistance Program (Medicaid). The objective of the HIT P-APD is to describe how the state will develop a high-level management statement of the state's vision, needs, purposes/objectives, plans, and estimated costs, which will result in the development of the *State Medicaid HIT Plan* (SMHP). The HIT P-APD also requires Medicaid to develop a program to administer incentive payments necessary to support the implementation of certified EHR technology by eligible Medicaid providers, and procedures to oversee incentive payments made to eligible Medicaid providers under the ARRA. Medicaid was formally notified on April 19th that CMS approved the HIT P-APD application. CMS requires Medicaid to contribute a 10 percent match to fund the work. Staff will provide Medicaid with guidance on the work effort over the next twelve months.

The Electronic Healthcare Network Accreditation Commission (EHNAC) has received ongoing support from staff over the last 19 months in their effort to develop a national accreditation program for HIEs. Roughly 30 stakeholder organizations from around the nation have participated in developing criteria to support a national accreditation program. The Utah Health Information Network, an established HIE, is continuing to assess the accreditation criteria. During the month, EHNAC released criteria for public comment related to privacy and security. EHNAC plans to finalize the criteria in the fall and launch the program by the end of the year.

Electronic Health Networks & Electronic Data Interchange

Last month, staff held a virtual meeting with the three leading e-prescribing electronic health networks (EHNs) who process transactions for pharmacy intermediaries that act as data aggregators. The purpose of the meeting was to gain consensus on the role that EHNs would serve as pharmacy aggregators seek national accreditation of their network operating centers. Last year, the Maryland Board of Pharmacy modified the existing regulation COMAR 10.34.20 – *Format of Prescription Transmission* to require pharmacies that accept electronic transactions to use intermediaries certified by the MHCC.

Last month, staff recertified ZirMed and Gateway EDI and granted MHCC certification to Office Ally. COMAR 10.25.07, *Certification of Electronic Networks and Medical Claims Clearinghouses*, requires payers that are doing business in Maryland to accept electronic transactions from only administrative networks that are MHCC certified. The MHCC certification is valid for two years; roughly 44 administrative networks have received MHCC certification. Staff also completed the annual review of the EHN Policy and Procedure Manual.

Staff completed all of the changes to the 2010 EDI Reporting webpage on the MHCC website and provided the payers with the web link and their user ID's and passwords to access the EDI webpage. Approximately 34 payers have confirmed receipt of this information. Payers have until June 30th to complete an EDI Progress Report. COMAR 10.25.09 – *Requirements for Payers to Designate Electronic Health Networks* requires payers with premium volumes over $1M to report census level data on their administrative health care transactions. Staff has identified roughly 60 payers that will complete an EDI Progress Report this year.

National Networking

Staff participated in two HIMSS webinars: *Implementing e-Prescribing – A Tale of Two Disciplines: From the Clinical Perspective* that discussed implementation of e-prescribing workflows and included a case study of the outpatient department at Twig Medical Center (a resident-based center at Rochester General Health Systems); and *Quality Measures in Evolution: Review and Endorsement of Measures by*

National Quality Forum (NQF) that reviewed the portfolio of NQF-endorsed measure and the transition to EHRs (including Quality Data Set and Retooling Initiative).

Staff participated in two ONC webinars: *State HIE Cooperative Agreement Program – Understanding the Nuts and Bolts from Notice of Award to Implementation* that included the HHS grants policy; and *NHIN 103: ONC Initiatives for Health Information Exchange and their Continuing Evolution* that provided an update on the development of the NHIN, and a policy framework for policies, standards, and services to exchange information.

Staff participated in two eHI webinars: *Getting Started: Developing a Business Model & Strategy* that provided an illustration of the REC center core support, how it could assist providers in transitioning from paper to EHRs, and using EHR to achieve meaningful use; and *Connecting Communities Call to Review Implications of Health Care Reform on State HIEs* that overviewed eHI's care coordination project with the objective to develop and test an operational prototype of care coordination in EHR-enabled medical home primary care settings.