

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

May 2021

EXECUTIVE DIRECTION

Government Relations and Special Projects- Tracey DeShields

State Policy Update

MHCC is developing workflows for projects related to bills passed during the 2021 legislative session. Topic areas for this work are telehealth, health disparities, medical debt, health information exchange, advance directives, and behavioral health.

MHCC-related News Coverage: Selected Articles and Commentary

Health Facilities

Kent County News. "UM Shore Regional Health names Falcone, Parry to board." Kent County News. May 10, 2021. Available from: https://www.myeasternshorem.com/kent_county_news/community/news/um-shore-regional-health-names-falcone-parry-to-board/article_8c4f8963-47fc-530c-be84-8212699c5e2e.html

Yahoo Finance. "VA Maryland Health Care names new Associate Chief of Staff of Education and Academic Affairs." Yahoo Finance. May 13, 2021. Available from: <https://finance.yahoo.com/news/va-maryland-health-care-names-170000176.html>

Health Disparities and Health Equity

DocWire News. "Kaiser Permanente's Good Health & Great Hair Program: Partnering with barbershops and beauty salons to advance health equity in West Baltimore, Maryland." Urban Health Today. May 21, 2021. Available from: <https://www.docwirenews.com/abstracts/journal-abstracts/kaiser-permanentes-good-health-great-hair-program-partnering-with-barbershops-and-beauty-salons-to-advance-health-equity-in-west-baltimore-maryland-2/>

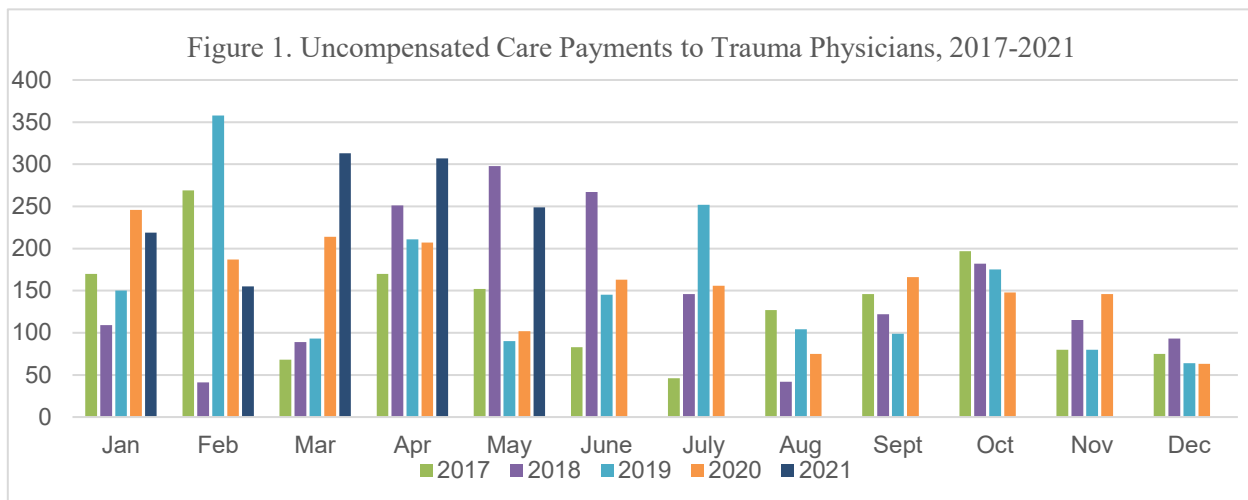
Pasia, N. "Keynote: A conversation on health equity in Maryland." State of Reform. May 24, 2021.

Available from: <https://stateofreform.com/news/maryland/2021/05/keynote-a-conversation-on-health-equity-in-maryland/>

Maryland Trauma Physician Services Fund

Uncompensated Care Processing

Trustmark Health Benefits, the third-party administrator (TPA) for the Trauma Fund, processed \$249,328.06 for uncompensated care claims through May 2021.



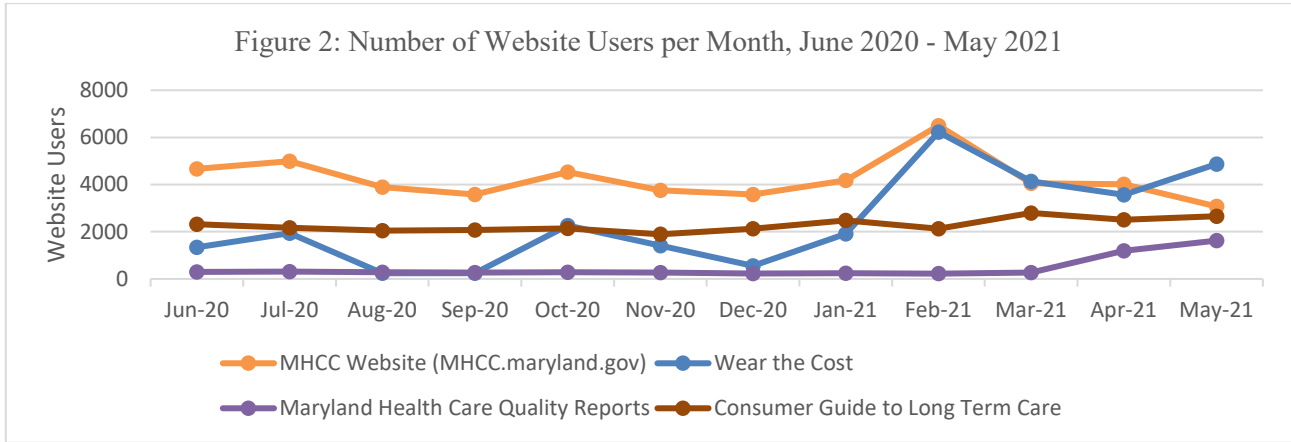


Figure 2 shows the number of website users over a 12-month period for each of the four websites maintained by Commission staff. Specific information about each website is below.

MHCC Website: The MHCC website (<https://MHCC.maryland.gov>) had 3,073 users in May.

[Wear The Cost](#)

Web traffic for the month of May showed 4,867 visitors to the site. The average web traffic has remained above 4,000 visitors for the last three months. The steady volume of visitors demonstrates sustained interest in episodes of care in which all utilization associated with a surgery is assigned to the cost of that surgery. Episodes of care as the basis for payment are relatively rare and rarer still are displayed on price and quality transparency sites. Staff believes that as episodes become the basis for provider payment, other public and private sites will replicate what MHCC has been publishing for more than three years.

[Consumer Guide to Long Term Care](#)

Despite the recent merging of the Consumer Guide to Long Term Care with the Maryland Health Care Quality Reports website, for the month of May the Consumer Guide had 2,659 users, 15,591 page views, and users spent an average 3.5 minutes on the website. The Consumer Guide to Long Term Care will be decommissioned in June 2021 and consumers will be redirected to the Maryland Health Care Quality Reports.

[Maryland Health Care Quality Reports](#)

The Maryland Health Care Quality Reports website had 1,621 users in the month of May which was slightly higher than April 2021 website activity. The increase in website activity was expected because of the merge of the Consumer Guide to Long Term Care and the Maryland Health Care Quality Reports websites. The website saw a 31% increase in new users. Consumers had fewer sessions (website interactions in a specified time) and pageviews this month. The bounce rate increased to 79.2% and the average time on the website decreased to 1.1 minutes. The reduced time on the website reflects the improved optimization of information at the new website and some visitors clicking on the new site out of curiosity rather than any defined information need. The slow steady improvement is consistent with MHCC ‘soft’ launch of the new website.

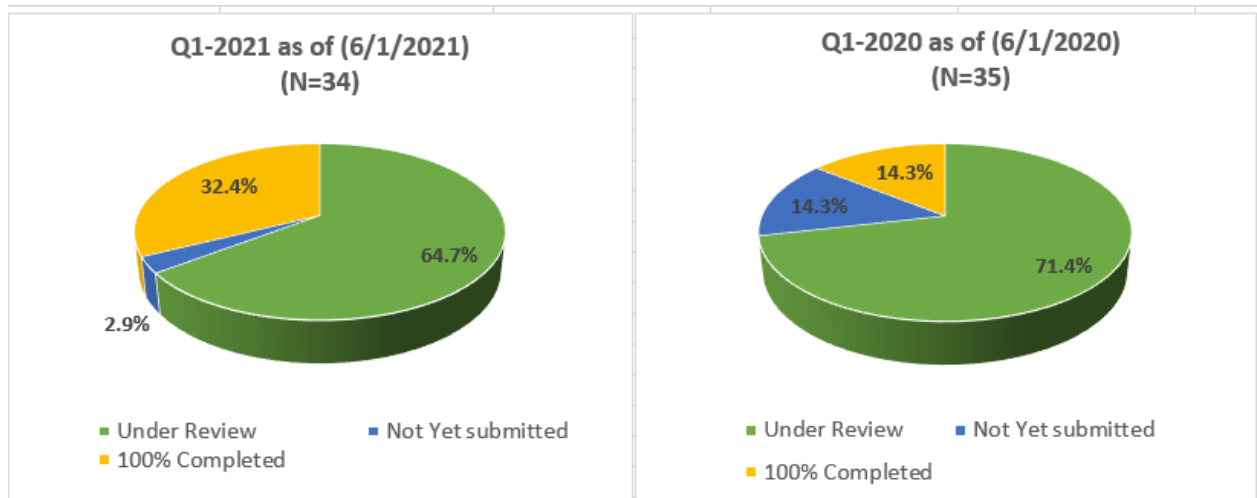
CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Shankar Mesta

MCDB Data Submission Status, Payor Compliance, and Technical Support

Thirty-three payors submitted data before the 5/31/2021 deadline for 2021 Q1 submission. Eleven (32%) payors have submitted complete clean Q1 2021.

Eleven payors (32%) of the Q1 2021 payor data successfully passed the Tier 3 data quality validation checks which is an improvement over last year's 2020Q1 submission at 14%. Twenty-two (65%) of the data submissions are under review. Harrington Health and Health Plan Services is the only third-party administrator that has not submitted 2021 Q1 data. This payor submits data to MCDB on a voluntary basis. MHCC staff will request that payor stop submitting data if they are unable to submit data according to deadlines.



2019 Annual Encrypted Master Patient Index Report

In the 2019 annual encrypted MPI report, 97% of all payers had encrypted MPI assignment rates of 90% or above. This is an improvement from 2018, when 91% of payers had a reporting rate of 90% or higher. The encrypted MPI is used by several state agency partners that need to track per capita spending over time.

2019 Encrypted Master Patient Index Comparison

Reporting Rate	Number of Payers	Percent of Payers	Number of Enrollees (Based on Encrypted Patient ID)	Percent of Enrollees with MPI
High (>=90%)	33	97%	7,156,020	99.85%
Medium (75-90%)	0	0%	0	0.0%
Low (>0-75%)	0	0%	0	0.0%
No MPI	1	3%	10,602	0.15%
Total	34	100%	7,166,662	100.00%

HSCRC Total Cost of Care 2019 Annual Per Capita Cost Update

The annual per capita cost for privately insured (medical only) health plans increased from \$3,804 in 2018 to \$3,912 in 2019 (a 2.8% increase). The increase in spending observed in Maryland in 2019 was also lower than the national rate of increase (5.2 %) in the private health insurance market in 2019.

APCD Public Reporting and Data Release – Mahlet 'Mahi' Nigatu

Wear The Cost

Signify Health has completed running the episode grouper. Staff is performing QC (quality check) of the output. Staff expects to finalize the QC and determine the number of qualified episodes by mid-June.

Data Release

CRISP Medical Model Analytics

CRISP submitted an application requesting the MCDB data for a project with two aims. Firstly, the project aims to compare Ambulatory Surgery costs across payer cohorts and place of service. Secondly, the project aims to investigate the impact of Maryland's effort to improve care delivery and outcome to first-episode psychosis. The Data Release Advisory Committee (DRAC) reviewed the application and requested additional information from the applicant. Staff and DRAC are currently waiting for the additional documentation requested to move the application to the next step.

Agency for Healthcare Research and Quality (AHRQ) Innovations in Physician, Physician Practice, and Social Determinants of Health Data

The Agency for Healthcare Research and Quality (AHRQ) is commissioning a feasibility study to create a "Physician and Physician Practice Research Database" (3P-RD) from administrative data resources. The 3P-RD is intended to be a prototype database that captures information on physician and physician practice characteristics to help address current data gaps within health services research. The staff is currently reviewing the application for completeness. Once the application is deemed complete, it will move to the Data Review Advisory Committee (DRAC) for review.

Special Projects – Janet Ennis

RFP for Data Management Contractor for the Medical Care Data Base Released

A Request for Proposal (RFP) was issued and posted on eMaryland Marketplace Advantage and on the MHCC website in early May 2021 to continue the services of a Data Management vendor through a new competitively-bid procurement. Staff issued this solicitation to select a Contractor that can provide proficient services to sustain and enhance the Maryland Medical Care Data Base (MCDB) infrastructure, capability, and functionality. Staff held a virtual pre-proposal conference on May 25th where numerous potential

bidders participated and asked questions. Staff continues to answer bidder questions and posts addenda and amendments to the original RFP in response to each question. The deadline to submit a proposal for this RFP is 4:00pm on Wednesday, July 7, 2021.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

COMAR 10.24.11, State Health Plan for Facilities and Services: General Surgical Services

On May 17, 2021, the Commission adopted proposed State Health Plan (SHP) regulations for acute psychiatric hospital services. These proposed regulations update portions of COMAR 10.24.11.

Long-Term Care Policy and Planning – Linda Cole

Minimum Data Set (MDS)

The multi-year contract with Hilltop Institute at the University of Maryland Baltimore County to provide consultation to the Commission on use of MDS and to also provide data analysis services related to the data set created from MHCC’s Annual Survey of Long-Term Care Facilities and Services ended on April 30, 2021. Work has been completed by MHCC staff on an RFPs, which has been submitted to procurement staff for internal review.

Innovations in Provision of General Hospice Services

On May 20, 2021, Commission staff issued regulatory guidance on the ways in which existing general hospices could expand the use of their existing authorization to provide general hospice services to allow the provision of general hospice services by joint ventures which include the general hospices as partners. This guidance is posted on the Commission website at:

https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs/documents/hcfs_guidance_innovative_hospice_programs.pdf

FY 2020 Long Term Care Survey

Data collection for the FY 2020 Maryland Long-Term Care Survey ended on May 18, 2021 for comprehensive care facilities. A question on COVID-19 for adult day care providers was added to the survey related to the statewide closure mandated by the Governor in 2020 at the onset of the COVID-19 pandemic. Division staff worked with providers and the Maryland Department of Health’s Office of Health Care Quality to update the applicable facility and program inventory. Staff also worked with the state auditors to clarify and update LTC Medicaid Cost Report data formats.

Certificate of Need (CON) – Kevin McDonald

CON Letters of Intent

Andochick Surgical Center, LLC, d/b/a Physicians Surgery Center of Frederick (Frederick County)
Addition of two operating rooms to an existing ambulatory surgical facility.

First Use Approvals

Optimal Health Care – (Upper Eastern Shore) – Docket No. 18-R1-2426

Provide home health agency services in Caroline, Cecil, Kent, Queen Anne’s and Talbot Counties.

Approved Cost: \$64,700

Prince George's Hospital Center/Mt. Washington Pediatric Hospital (Prince George's County) – Docket No. 13-16-2351

Relocate and replace University of Maryland (UM) Prince George's Hospital Center, a general hospital, and Mt. Washington Pediatric Hospital, a special hospital located on the general hospital campus. The replacement general hospital will operate as UM Capital Region Medical Center.

Approved Cost: \$555,350,000

P-B Health Home Health Care (Baltimore City) – Docket No. 16-24-2389

Establish a general hospice program authorized to serve Baltimore City.

Approved Cost: \$57,500

P-B Health Home Health Care (Prince George's County) – Docket No. 16-16-2385

Establish a general hospice program authorized to serve Prince George's County.

Approved Cost: \$105,000

Determinations of Coverage

- **Ambulatory Surgery Centers**

Howard County Surgery Center (Howard County)

Establish an ambulatory surgical facility (ASF) with two sterile operating rooms and two non-sterile procedure rooms on the campus of Howard County General Hospital, 5859 Cedar Lane, in Columbia. The facility is being created through renovation of existing hospital surgical facilities and building space.

- **Acquisition/Change of Ownership**

Hearthstone Nursing and Rehabilitation Center (Allegany County)

The transfer of 33.3% of the ownership shares in Barton Healthcare Management, Inc. d/b/a Hearthstone Nursing and Rehabilitation Center, a comprehensive care facility (CCF), from Jeffrey Metz to the other owners of this entity, Troy Raines and David Weimer. The transferring ownership shares will be equally distributed to Raines and Weimer. There will be no changes to the staffing of or the services provided by the CCF.

Purchase Price: \$0

Capital Projects

The following determinations of coverage were issued to fulfill requirements of the Maryland Hospital Association related to its review of proposals to obtain Maryland Hospital Bond program funds. Each of the capital projects were, initially, determined to not require approval of a CON or to have previously obtained necessary regulatory approval by MHCC. In the case of the proposed project of MedStar Harbor Hospital, the initial determination was found to be in error and was rescinded on June 4, 2021.

Greater Baltimore Medical Center (Baltimore County)

Renovation and relocation of the wound care clinic.

Estimated Cost: \$4,500,000

\$1,200,000 is being requested from the Maryland Hospital Bond Project Review Program

MedStar Harbor Hospital (Baltimore City)

Renovation of the neonatal care center.

Estimated Cost: \$2,400,000

\$1,200,000 is being requested from the Maryland Hospital Bond Project Review Program

Mercy Health Services (Baltimore City)

Renovation of the third floor of the Mercy-owned Mead Building, adjacent to the Mercy Hospital Campus, to create a physician office.

Estimated Cost: \$2,700,000

\$1,000,000 is being requested from the Maryland Hospital Bond Project Review Program

Meritus Medical Center (Washington County)

Create an outpatient behavioral health crisis stabilization unit, which is designed to provide short-term, intensive, community-based services.

Estimated Cost: \$280,000

\$140,000 is being requested from the Maryland Hospital Bond Project Review Program

MedStar St. Mary's Hospital (St. Mary's County)

Renovation and upgrading the equipment within the hospital's surgical sterilization space.

Estimated Cost: \$8,300,000

\$1,200,000 is being requested from the Maryland Hospital Bond Project Review Program

University of Maryland Baltimore Washington Medical Center (Anne Arundel County)

Renovation of the second floor of the north tower to expand the cardiology department. The project will add a third cardiac catheterization laboratory.

Estimated Cost: \$3,000,000

\$1,000,000 is being requested from the Maryland Hospital Bond Project Review Program

University of Maryland Medical Center Midtown (Baltimore City)

Renovation and relocation of the Center for Addiction Management.

Estimated Cost: \$1,100,000

\$500,000 is being requested from the Maryland Hospital Bond Project Review Program

Northwest Hospital Center (Baltimore County)

Renovation of the interventional radiology department.

Estimated Cost: \$2,035,000

\$500,000 is being requested from the Maryland Hospital Bond Project Review Program

Sheppard Pratt Hospital (Baltimore City)

Establish a 16 community-based residential crisis beds.

Estimated Cost: \$2,400,000

\$1,200,000 being requested from the Maryland Hospital Bond Project Review Program

- **Other**

Encompass Health Home Health (Baltimore County)

Relocation of office from Suite 116 to Suite 212 at 11155 Dolfield Boulevard in Owings Mills.

- **Addition of Beds**

Gaudenzia-Crownsville (Anne Arundel County)

Addition of 12 alcoholism and drug abuse intermediate care facility (ICF) beds at the ICF located at 107 Circle Drive in Crownsville.

- **Waiver Beds**

Fox Chase Rehabilitation & Nursing Center (Montgomery County)

Addition of seven CCF beds for a total of 81 CCF beds at the facility.

Solomons Nursing & Rehabilitation Center (Calvert County)

Addition of nine CCF beds for a total of 104 CCF beds at the facility.

Pending Notices of Acquisition/Change of Ownership for Comprehensive Care Facilities (Nursing Homes)

Notices of acquisition were filed for the following facilities. The transactions are described as “change(s) to indirect minority ownership in corporate structure,” but the notices were not complete. Additional information has been requested.

Fairland Center
Silver Spring (Montgomery County)

Hammonds Lane Center
Brooklyn (Anne Arundel County)

Larkin Chase
Bowie (Prince George’s County)

Waldorf Center
Waldorf (Charles County)

CENTER FOR HEALTH INFORMATION & INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Telehealth

Public Service Announcement

A public service announcement (PSA) encouraging Marylanders to get vaccinated was developed that includes guidance from the Centers for Disease Control and Prevention and Governor Hogan regarding mask wearing. The PSA is the fourth release in a series that began last spring and continues to promote telehealth as an option for consumers. Three versions of the PSA were shared with local radio stations and Giant Food Stores, LLC.

Environmental Scan

Data analysis from an ambulatory practice questionnaire on use of telehealth during the public health emergency (PHE) is progressing. Approximately 170 responses were received from hospital owned and independent practices. A summary highlighting respondents’ use of audio-only and audio-visual technologies during the PHE is planned for release this summer.

Legislative Study

A draft Request for Proposals (RFP) was nearing completion. The RFP will identify a contractor to research and analyze the impact of audio-only and audio-visual technologies in somatic and behavioral health care as required by the *Preserve Telehealth Access Act of 2021*. Study findings and recommendations on if payment rates for telehealth visits should be equivalent to rates for in-person visits are due to the Senate Finance Committee and the House Health and Government Operations Committee by December 1, 2022. The RFP is planned for release this summer.

Hospital Health IT Assessment

Data analysis of the annual hospital health information technology (health IT) survey was completed and drafting of an insights brief is underway. Chief Information Officers from all acute care hospitals in the State responded to the survey noting use and perceived value of electronic health records (EHRs), health information exchanges (HIEs), and telehealth. An insights brief is planned for release this summer.

Breaches

Drafting of an insights brief overviewing notable observations from an analysis of health care breaches from 2018 to 2020 is nearing completion. The analysis was based on data obtained from the U.S. Department of Health and Human Services, Office for Civil Rights (OCR) public use file, which includes reported health care breaches affecting 500 or more individuals. Findings focus on Maryland and seven states with comparable total hospital inpatient days per capita.

Electronic Data Interchange

Nearly 83 percent of private payers required to submit a 2021 Electronic Data Interchange (EDI) Progress Report (report) have fulfilled the reporting requirement under COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. The regulations require payers with premiums exceeding \$1 million per year to report on select administration transaction volumes by June 30th. An analysis of professional claims data to identify opportunities to advance EDI is in progress.

Nursing Home Health IT Assessment

Data analysis of responses to the *2020 Annual Long Term Care Survey* (survey) is moving forward. The survey focuses on diffusion of EHRs, HIE, telehealth, and cybersecurity measures. Approximately 228 nursing homes responded to the survey. An insights brief is planned for release this summer.

CRISP Privacy and Security Audit

A staff review was initiated of draft privacy and security audit reports of the State-Designated HIE (CRISP). CRISP engaged The Mako Group (auditor) to complete a System and Organization Controls (SOC) 2 Type 2 audit in compliance with COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information*. The auditor also completed a review of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and a cybersecurity assessment.

Telehealth Technology Vendor Portfolio

Vendor technical capability updates were initiated to the Telehealth Technology Vendor Portfolio (portfolio). The portfolio serves as a resource for practices in identifying HIPAA-compliant telehealth solutions and select service attributes. Portfolio promotional activities with health care associations will begin in late summer.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Advanced Care Delivery

Grant applications were received from 10 Care Transformation Organizations (CTOs) in response to the *Advancing Practice Transformation in Ambulatory Practices* grant announcement. CTOs provide advanced care delivery services to practices in the Maryland Primary Care Program and meet select performance requirements set by the Centers for Medicare & Medicaid Services. An evaluation panel will convene in June to review CTO grant applications.

NCOA Public Sector Advisory Council

Staff participated in a health disparity and digital quality measurement policy forum convened by the National Committee for Quality Assurance Public Sector Advisory Council (PSAC). The PSAC engages state and federal representatives to promote alignment of health care quality goals, maximize accountability, and minimize the burden of quality measurement.

Care Management

The *Care Management Capabilities and Readiness Assessment Guide* (guide) was finalized and distributed to select health care associations. The guide is an interactive tool aimed at helping practices assess their readiness

to engage in care management, define a care manager’s role in a practice, and identify leading care manager responsibilities.

Patient and Family Advisory Council

The addendum to the *Patient and Family Advisory Council (PFAC) Guide for Ambulatory Practices* was completed and released to practices. The PFAC addendum provides guidance on best practices to support virtual patient and family engagement with patient and family advisors during the PHE.

Learning Networks

Planning commenced for a three-part care management learning network series (series) focused on best practices for facilitating team-based care management and care coordination among providers. The series will include perspectives from practices, payers, health systems and hospitals, and is targeted to begin late summer.

Health Information Exchange Division – Alana Sutherland, Division Chief

Dental Health IT

Drafting of the 2021 dental health IT questionnaire (questionnaire) is underway. The questionnaire collects information about dentists’ use of health IT. Findings from the questionnaire are used to develop initiatives to expand health IT diffusion among dentists. Staff presented on a health IT and cybersecurity symposium hosted by the Maryland State Dental Association.

Privacy and Security Regulations

Post & Schell, P.C. (contractor) identified enhancements to the HIE regulations, sections .03, Rights of a Health Care Consumer Concerning Information Accessed, Used, or Disclosed through an HIE; .04, Access, Use, or Disclosure of Sensitive Health Information; and .05, Requirements for Accessing, Using, or Disclosing Health Information Through an HIE. The HIE regulations include 12 sections; the contractor is tasked with proposing changes to modernize the regulations.

Awareness Building

Staff obtained consumer feedback on a draft web page focused on raising consumer awareness of HIE. The web page includes information and resources on the benefits of sharing electronic health information. House Bill 1375, *Health Information Exchanges – Electronic Health Information – Sharing and Disclosure* (2021 session) requires the State designated HIE to develop a consumer consent management application for use by all HIEs operating in Maryland (11 in total) that will allow consumers to opt-out or opt back into the exchange of electronic health information.



The Maryland Quality Reporting (MQR) website

MQR Website Updates

Staff continue to work with Advanta Government Services (AGS), the website contractor, to update the newly redesigned website. A new Telehealth feature has been added to the homepage to direct consumers to information on telehealth services. Work is also underway to include a full inventory of all assisted living facilities in Maryland by county and zip code. The website includes a Provider Section that serves as a communication tool for stakeholders and providers. The Provider Section of the Quality Reporting website includes technical information on quality reporting requirements as well as statewide comparisons on federal quality measures for hospitals and nursing homes.

MQR website traffic

Staff monitors traffic to the site consumer site using Google Analytics software. There were 1,621 users in May which was similar to traffic trends in April. The most frequently viewed pages on the MQR site include the nursing home search feature, hospital price transparency, and private side resources. Traffic to the site is presented graphically under the Executive Direction section of this update.

Website Promotion: Approximately 75 social media posts initiated in May

Promotion of the MQR website is a Center priority. There were approximately 75 social media posts made in May. Topics included National Stroke Awareness Month, Hand Hygiene Day, and National Women's Health Week. These topics generally coincide with the U.S. Department of Health and Human Services National Health Observances or other important health related events and are designed to link readers back to the MQR website. Posts also focused heavily on promotion of the redesigned Quality Reporting site.

Hospital Quality Initiatives – Courtney Carta

Healthcare Associated Infections

All Maryland acute care hospitals are required to report healthcare associated infections to the CDC's National Healthcare Safety Network (NHSN). MHCC publicly reports this data annually on the MQR consumer website. MHCC postponed public reporting for 2019 & 2020 data due to the pandemic and worked with the industry to develop an appropriate timeline to resume public reporting. The 2019 data validation is in progress and results will be available in late June. The 2020 data validation will occur later this summer.

Long Term Care Quality Initiative—Stacy Howes

Nursing Home Family Experience of Care Survey

The 2020 survey year has officially concluded. Data analysis indicated a "good" level of satisfaction with nursing homes, and results have stabilized compared to past years. Additionally, respondents indicated a "good" level of satisfaction with the nursing home response to the COVID crisis. This year, we introduced an online option for the survey, and approximately one third of respondents submitted their surveys online. All nursing homes have received their reports, and reports will be post on the Quality Reporting website in early May. The 2021 survey will kick off in early May.

Health Plan Quality Initiative

Staff kicked off the 2021 rate year in December of 2020. Health plans have begun collecting data, and data collection will continue through the end of the summer. Health Plans have submitted all behavioral health data as of the end of April.

Nursing Home and Assisted Living Influenza Vaccination Survey

The electronic 2020-2021 influenza vaccination survey has been concluded and data is being analyzed and formatted for public reporting.

Maryland Pay4Performance (P4P) Program

The Maryland Long Term Care Supports office received the Nursing Home Experience of Care survey data and the Nursing Home Health Care Worker influenza vaccination data to calculate their annual P4P payments to facilities.

Hospice and Home Health Influenza Vaccination Survey

Beginning with the 2021-2022 flu season, hospice and home health agencies will be required to complete the same health care worker influenza vaccination survey that nursing homes and assisted living facilities have completed for the past several years. Agencies will receive letters alerting them to the new requirement in

August, and it will include instructions on how to collect data over the flu season. The first year will be a pilot year.

Health Disparities Initiative—Diana Estefanía Estrada Alamo

Performing Analyses Regarding Race and Ethnicity Using Hospital Discharge Dataset

The current Consumer Website has hospital discharge data available for consumers to review and stratify by hospital, payer, etc. Staff is working to stratify this same data by race and ethnicity for the top 25 APG-DRG codes (by volume) in the state. Further, these data will be ranked by race and ethnicity and displays generated that depict the proportion of hospitalizations per APG-DRG by the race and ethnicity of the patient.

The prevalence of certain conditions varies by race and poor access to ambulatory and preventive care contributes to unnecessary hospital utilization. The staff plans to separately rank the top APR-DRGs for major racial groups in Maryland to confirm that these longstanding admission patterns are improving for all populations as Maryland begins to implement the State Integrated Health Improvement Strategy.