

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

February 2023

EXECUTIVE DIRECTION

Government Relations and Special Project – Tracey DeShields

State Policy Update

The 2023 legislative session is in full swing. It is a slower than usual start because of the change in administration and the inaugurations of the Governor and Lt. Governor, Attorney General, and the Comptroller. The outcome of the 2022 election has established the most diverse leadership across state government in Maryland's history.

MHCC provided briefings to the House Health and Government Operations (HGO) Committee and one before the Senate Finance Committee. The first briefing on January 12th for HGO was an overview of the regulatory Commissions (HSCRC, MHCC, and the CHRC). The second briefing on January 24th was before the Senate Finance Committee. The presentation before Senate Finance included an overview of the Health Care Commission, a briefing on the Preserve Telehealth Report and Recommendations, and a briefing on the Certificate of Need (CON). Our last briefing before HGO on February 8th will again include a general overview on MHCC, a briefing on the Preserve Telehealth report and recommendations, and a briefing on CON.

We are monitoring the legislative bills being introduced in the General Assembly. We had our first legislative policy call with the Commissioners on January 26th. We discussed and reviewed seven (7) bills and confirmed positions on three:

- 1) *SB 234 - Health Services Cost Review Commission - Hospital Rates - All-Payer Model Contract- Letter of Support;*
- 2) *SB 184 - Health Insurance - Diagnostic and Supplemental Examinations for Breast Cancer - Cost-Sharing – Letter of Information; and*
- 3) *SB 154 - Public Health – Mental Health Advance Directives – Awareness and Statewide Database – Letter of Information.*

The bills we did not take a position on we are tracking. We continue monitoring the happenings of the legislative session.

MHCC-related news coverage: selected articles and commentary

Medicaid

“As many as 80K Marylanders could lose Medicaid eligibility,” February 5, 2023 in AP National, AP News, National <https://wtmj.com/national/2023/02/05/as-many-as-80k-marylanders-could-lose-medicaid-eligibility/>

Health Facilities

J. McKeon, *“Maryland Hospital Suffers Ransomware Attack,”* February 01, 2023, Health IT Security. <https://healthitsecurity.com/news/maryland-hospital-suffers-ransomware-attack>

Maryland Department of Health and Local Health Departments

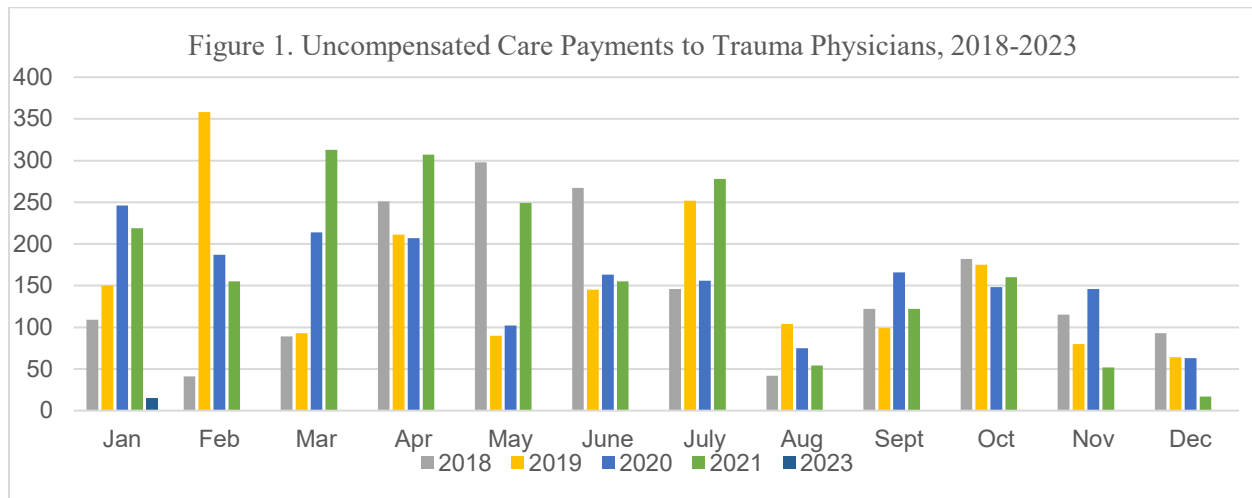
“Safe Disposal of Medications and Sharps,” February 2, 2023, Anne Arundel Health County Department. <https://www.aahealth.org/meds-sharps-disposal/>

Sharpe, C. *“Death Certificate Limit Tied To Supply Chain,”* February 2, 2023, The Dispatch. <https://mdcoastdispatch.com/2023/02/02/death-certificate-limit-tied-to-supply-chain/>

Maryland Trauma Physician Services Fund

Uncompensated Care Processing

Trustmark Health Benefits, the third-party administrator (TPA) for the Trauma Fund, processed \$15,391.25 uncompensated care claims through January 2023.



MHCC Website: The MHCC website (<https://MHCC.maryland.gov>) had 4,703 users in the month of January 2023.

Wear The Cost

In January 2023, 339 users visited the site.

Maryland Quality Reporting

The Maryland Quality Reporting had 2,760 users, 3,488 sessions and 5,102 pageviews in January. The average session duration was 1 minute and 42 seconds. Website activity remained stable, increasing 30.0% for nearly all metrics. Notably, the average session duration or how long consumers stay on the website increased 54.6%.

The site received the most website referrals from MHCC’s homepage (54.1%). The website also had referrals from Maryland 211, Maryland Attorney General, Maryland State Archives, St. Josephs, A Place for Mom, and Consumer Health Rankings. Facebook continues to be the primary social media referral source, accounting for 100% of all social referrals.

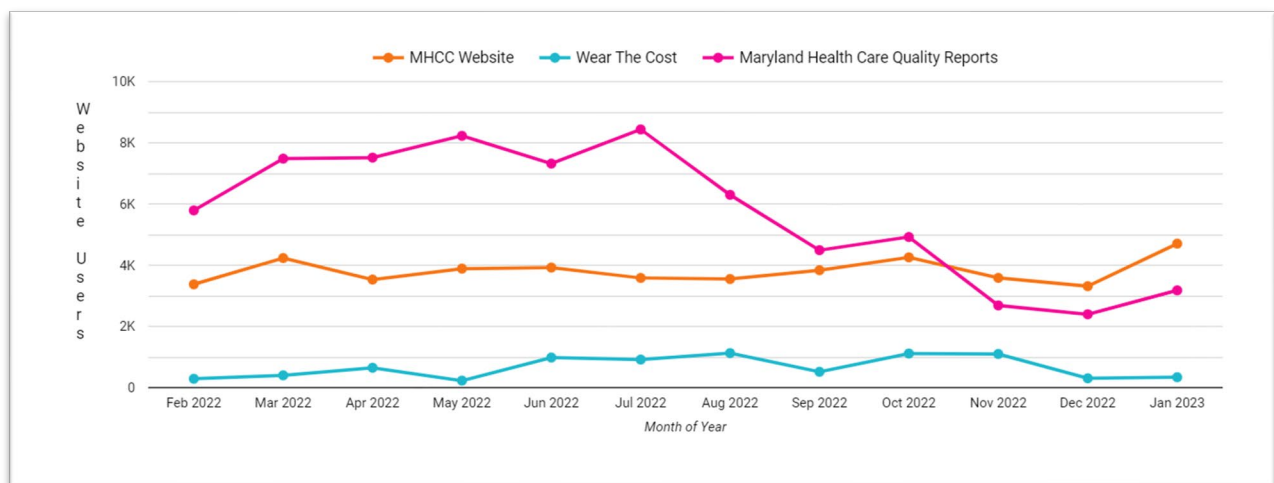


Figure 2 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff. Specific information about each website is listed above.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

Certificates of Ongoing Performance for Cardiac Surgery

The Commission approved Certificates of Ongoing Performance for three hospital cardiac surgery programs at its meeting of January 19, 2023. The programs at Adventist HealthCare White Oak Medical Center in Silver Spring, The Johns Hopkins Hospital in Baltimore City, and TidalHealth Peninsula Regional Medical Center in Salisbury received certification for the next four years.

Certificate of Conformance

Staff received and began review of an application from University of Maryland Shore Medical Center at Easton (UM SMCE) for the relocation of its primary and elective percutaneous coronary intervention program in conjunction with the relocation of this general hospital.

Long-Term Care Policy and Planning – Linda Cole

Palliative Care Services Work Group

The third meeting of this workgroup was held on January 9, 2023. Topics discussed included: consumer perspectives on palliative care; strategies for collaboration for improving and expanding palliative care; and strategies for expansion of financial support for palliative care. It was announced that the contract for implementation of the palliative care survey was awarded to SEA Healthcare.

Meeting materials, meeting summaries, and handouts may be found at:

https://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_palliative_care_services.aspx

Palliative Care Contract with SEA Healthcare

On January 11, 2023, a contract (MHCC 23-015) entitled “Maryland Palliative Care Services Survey: Data Collection and Analysis” was awarded to SEA Healthcare with Tenacity as a subcontractor. Work began with meetings between SEA and MHCC staff on January 17 and 25.

Information on Hospice Operations

Updated annual data tables on use of hospice services for FY 2021 have been posted on the Commission’s website:

https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_hospice/documents/chcf_hospice_FY2021_md_hospice_use.pdf

Data from the previous years is also posted at:

https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_hospice/hcfs_hospice.aspx

The FY2021 hospice survey data was used to generate reports on patient volume and patient origin for the 26 general hospice agencies by jurisdiction. The table presents data on patient origin by authorized service area. The report has been posted on the Commission’s website:

https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_hospice/hcfs_hospice.aspx

FY 2021 Home Health Survey

Data collection for the FY 2021 Home Health Survey has been completed, with all 56 agencies participating.

Certificate of Need (“CON”) – Wynee Hawk

Pre-Application Conference

Hope Health Systems – Baltimore County

Establishment of a 16-bed special psychiatric hospital for children and adolescents. The proposed project will be implemented through renovation of 10,134 square feet in an existing building located at 1726 Whitehead Road in the Woodlawn area of Baltimore County

January 31, 2023

CON Applications Filed

University of Maryland Shore Medical Center at Easton – (Matter No. 23-20-2463)

Relocation and replacement of a general hospital. The proposed replacement facility will be located approximately three miles north of the existing hospital in Easton (Talbot County) and will include 110 acute care beds and 12 special hospital rehabilitation beds.

Estimated Project Cost: \$539,558,871

University of Maryland Capital Region Health – (Matter No. 23-16-2464)

Introduction of Level III neonatal intensive care unit services at University of Maryland Capital Region Medical Center in Largo (Prince George’s County). The application states that there is no capital cost for the proposed project.

Change in an Approved Exemption from CON Review

Conversion of Laurel Regional Hospital to a Freestanding Medical Facility – Docket No. 18-16-EX002

An increase of \$6,780,493 in the authorized cost of the construction of a freestanding medical facility (Phase II) adjacent to the former Laurel Regional Hospital (Prince George’s County), the premises of which are currently used as Laurel Medical Center, an FMF.

New Proposed Project Cost: \$78,360,714

First Use Approvals

Sacred Heart Home – (Prince George’s County) - Docket No. 17-16-2411

Replacement of a comprehensive care facility (CCF).

Final Cost: \$19,219,869

Avenues Recovery Center of Chesapeake Bay, LLC – (Dorchester County) – Docket No. 21-09-2449

Establish a 20-bed alcoholism and drug abuse intermediate care facility.

Final Cost: \$55,000

Determinations of Coverage

- Ambulatory Surgery Centers

Maryland Plastic Surgery, LLC – (Anne Arundel County)

Establish an ambulatory surgery center (ASC) with one operating room to be located at 1520 Jabex Run Road in Millersville.

- Acquisition/Change of Ownership

Promedica Skilled Nursing and Rehabilitation (Roland Park) – (Baltimore County)

Acquisition of a CCF. Ownership of the real property is being transferred from HCP Maryland Properties, LLC to 4669 Falls Road MD Owner LLC. The bed rights and the operations of the facility will not change.

Purchase Price: N/A (Deed Transfer)

Promedica Skilled Nursing and Rehabilitation (Ruxton) – (Baltimore County)

Acquisition of a CCF. Ownership of the real property is being transferred from HCP Maryland Properties, LLC to 7001 North Charles Street MD Owner LLC. The bed rights and the operations of the facility will not change.

Purchase Price: N/A (Deed Transfer)

Promedica Skilled Nursing and Rehabilitation (Potomac) - (Montgomery County)

Acquisition of a CCF. Ownership of the real property is being transferred from HCP Maryland Properties, LLC to 10714 Potomac Tennis Lane MD Owner LLC. The bed rights and the operations of the facility will not change.

Purchase Price: N/A (Deed Transfer)

Promedica Skilled Nursing (Rossville) – (Baltimore County)

Acquisition of a CCF. Ownership of the real property is being transferred from HCP Maryland Properties, LLC to 6600 Ridge Road MD Owner LLC. The bed rights and the operations of the facility will not change.

Purchase Price: N/A (Deed Transfer)

Promedica Skilled Nursing (Silver Spring) – (Montgomery County)

Acquisition of a CCF. Ownership of the real property is being transferred from HCP Maryland Properties, LLC to 2501 Musgrove Road MD Owner LLC. The bed rights and the operations of the facility will not change.

Purchase Price: N/A (Deed Transfer)

Promedica Skilled Nursing and Rehabilitation (Towson) – (Baltimore County)

Acquisition of a CCF. Ownership of the real property is being transferred from HCP Maryland Properties, LLC to 509 East Joppa Road MD Owner LLC. The bed rights and the operations of the facility will not change.

Purchase Price: N/A (Deed Transfer)

Promedica Skilled Nursing and Rehabilitation (Chevy Chase) – (Montgomery County)

Acquisition of a CCF. Ownership of the real property is being transferred from HCP Maryland Properties, LLC to 8700 Jones Mills Road MD Owner LLC. The bed rights and the operations of the facility will not change.

Purchase Price: N/A (Deed Transfer)

Promedica Skilled Nursing and Rehabilitation (Brightwood) – (Baltimore County)

Acquisition of a CCF. Ownership of the real property and bed rights is being transferred from WELL PM Properties II LLC to 515 Brightfield Road MD Owner LLC. The operator of the facility will not change.

Purchase Price: N/A (Deed Transfer)

Promedica Skilled Nursing and Rehabilitation (Bethesda) – (Montgomery County)

Acquisition of a CCF. Ownership of the real property is being transferred from HCP Maryland Properties, LLC to 6530 Democracy Boulevard MD Owner LLC. The bed rights and the operations of the facility will not change.

Purchase Price: N/A (Deed Transfer)

Promedica Skilled Nursing and Rehabilitation (Wheaton) – (Montgomery County)

Acquisition of a CCF. Ownership of the real property is being transferred from HCP Maryland Properties, LLC to 11901 Georgia Avenue MD Owner LLC. The bed rights and the operations of the facility will not change.

Purchase Price: N/A (Deed Transfer)

Peak Healthcare at Caton Manor – (Baltimore City)

Acquisition of a CCF. Operation of the facility will be transferred from Wilkens Avenue Baltimore MD Opco LLC to Gwynnfalls MD Opco LLC. The bed rights and real property ownership will not change.

Purchase Price: Acquisition of Operating Lease - Annual lease amount is \$2,464,000

Peak Healthcare at Copper Ridge – (Carroll County)

Acquisition of a CCF. Operation of the facility will be transferred from Sykesville MD Opco LLC to Obrecht MD Opco LLC. The bed rights and real property ownership will not change.

Purchase Price: Acquisition of Operational Lease - Annual lease amount \$2,016,000

Peak Healthcare at Frederick Villa – (Baltimore County)

Acquisition of a CCF. Operation of the facility will be transferred from Catonsville MD Opco LLC to Academy MD Opco LLC. The bed rights and real property ownership will not change.

Purchase Price: Acquisition of Operational Lease - Annual lease amount \$2,000,000

Peak Healthcare at Patapsco – (Baltimore County)

Acquisition of a CCF. Operation of the facility will be transferred from Liberty Rd Randallstown MD Opco LLC to Granite MD Opco LLC. The bed rights and real property ownership will not change.

Purchase Price: Acquisition of Operational Lease - Annual lease amount \$3,072,000

Peak Healthcare at Sligo Creek – (Montgomery County)

Acquisition of a CCF. Operation of the facility will be transferred from Takoma Park MD Opco LLC to Woodside Park MD Opco LLC. The bed rights and real property ownership will not change

Purchase Price: Acquisition of Operational Lease - Annual lease amount \$1,958,400

Peak Healthcare at Fox Chase – (Montgomery County)

Acquisition of a CCF. Operation of the facility will be transferred from Silver Spring MD Opco LLC to Summit Hills MD Opco LLC. The bed rights and real property ownership will not change.

Purchase Price: Acquisition of Operational Lease - Annual lease amount \$1,420,800

- **Licensure**

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

SurgCenter of Greenbelt – (Prince George’s County)

Temporary delicensure of an ASC.

Augsburg Lutheran Home – (Baltimore County)

Extension of the temporary delicensed status of 24 CCF beds.

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

Fairhaven – (Carroll County)

Permanent relinquishment of 10 CCF beds reducing the facility’s licensed bed capacity from 79 to 60 beds.

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

The operational entity for six “Peak Healthcare” CCFs is changing, as noted above. The changes are anticipated to occur on March 1, 2023. The new operating entities will be owned by Jake Lighten and Jack Paneth, the President and Chief Executive Officer (CEO), respectively, of Peak Healthcare, Inc. The owners of the current operating entities are Simcha Hyman and Naftali Zanziper, CEO and President, respectively, of the Portopiccolo Group. Naftali Zanziper, the Zanziper Family Trust, and the Hyman Family Trust are identified as having a 75% ownership interest (25% each) in five of the six companies that own the real property and bed rights of the Peak Healthcare CCFs. The other CCF, Peak Healthcare at Fox Chase, has an owner of the real assets and bed rights composed of HC Family Trust (50%), Naftali Zanziper (25%), and Naftali Zanziper Trust (25%).

Staff notes that the operating entities owned by Hyman and Zanziper have produced an average current composite score of 1.83 stars on the NHC website, an average rating between poor and below average. One of the CCFs, Peak Healthcare at Caton Manor, is flagged by CMS for Resident Abuse.

The current State Health Plan requires applicants for CONs involving the establishment or relocation of CCFs or the addition of CCF beds at existing facilities to demonstrate a track record, over the most recent two to three year period (five “refreshes” of NHC ratings) in Maryland CCFs or in non-Maryland CCFs, depending on the circumstances, of average or above average performance (i.e., a composite rating of 3 stars or better) to docket and obtain review of such projects. [see COMAR 10.24.20.05A(8)].

The facilities are:

Peak Healthcare at Caton Manor

140 beds

3330 Wilkens Avenue in Baltimore

The facility currently has a poor 1-star composite rating (out of 5 possible) on the CMS “Nursing Home Compare” (NHC) website. The facility does not have a memorandum of understanding (MOU) with the Maryland Medical Assistance program with respect to minimum Medicaid participation.

Peak Healthcare at Copper Ridge

66 beds

710 Obrecht Road in Sykesville

The facility currently has a poor 1-star composite rating (out of 5 possible) on the CMS NHC website. The facility has an MOU with the Maryland Medical Assistance program and complies with the MOU.

Peak Healthcare at Fox Chase

74 beds

2015 East West Highway in Silver Spring

The facility currently has a poor 1-star composite rating (out of 5 possible) on the CMS NHC website. The facility does not have an MOU with the Maryland Medical Assistance program with respect to minimum Medicaid participation.

Peak Healthcare at Frederick Villa

125 beds

711 Academy Road in Catonsville

The facility currently has a poor 1-star composite rating (out of 5 possible) on the CMS NHC website. The facility does not have an MOU with the Maryland Medical Assistance program with respect to minimum Medicaid participation.

Peak Healthcare at Patapsco

170 beds

9101 Liberty Road in Randallstown

The facility currently has a below average 2-star composite rating (out of 5 possible) on the CMS NHC website. The facility does not have an MOU with the Maryland Medical Assistance program with respect to minimum Medicaid participation.

Peak Healthcare at Sligo Creek

102 beds

7525 Carroll Avenue in Takoma Park

The facility currently has a well above average 5-star composite rating (out of 5 possible) on the CMS NHC website. The facility has an MOU with the Maryland Medical Assistance program with respect to minimum Medicaid participation and is complying with the MOU.

CENTER FOR HEALTH INFORMATION & INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Interstate Telehealth Expansion Study

The Interstate Telehealth Workgroup (workgroup) discussed issues that present access barriers to telehealth services by out-of-state practitioners. The House Health and Government Operations Committee (HGO) requested that MHCC convene a workgroup to study matters presented in House Bill 670, *Maryland Health Care Commission – Study on Expansion of Interstate Telehealth* (2022) and make recommendations on ways interstate telehealth can be expanded. Westat was competitively selected to complete the study. A study findings and recommendations report is due to the HGO Committee by December 1, 2023.

Noncontrolled Prescription Drugs Reporting

The Noncontrolled Prescription Drugs Workgroup (workgroup) continued technical discussions on data standards used to report dispenses of noncontrolled prescriptions (non-CDS). Chapter 296/House Bill 1127, *Public Health – State Designated Exchange – Health Data Utility* (2022) requires dispensers to report non-CDS information to the State Designated Health Information Exchange (CRISP) for treatment and care coordination purposes. Recommendations from the workgroup will inform CRISP’s development of a Request for Proposal (RFP) to identify a technology vendor to support non-CDS reporting.

Health Data Utility (HDU)

An issue brief, *Advancing Implementation of Health Data Utility Models* (HDUs), developed in collaboration with Civitas Networks for Health (Civitas), was released. The brief overviews the history and current state of health information exchanges (HIEs) and drivers for the emergence of HDUs. Drafting of a framework to guide HDU implementation in Maryland is progressing. The framework incorporates input provided by a National HDU Advisory Council convened by Civitas and can assist other states implementing an HDU. Civitas was competitively selected to develop the framework, which will be released in Q2 2023.

Electronic Advance Directives

The *Application for State Recognition of an Electronic Advance Directives Service* was updated to align with amendments to COMAR 10.25.19, *State Recognition of an Electronic Advance Directives Service*, that became effective January 9th. State Recognition is available to vendors that provide an online option for consumers to create and upload their advance directive and demonstrates that the vendor meets certain privacy and security criteria. Vendors must be recognized before integrating with CRISP.

Health Information Technology (Health IT) Questionnaires

Data analysis and drafting of a spotlight on Federally Qualified Health Centers’ (FQHCs) use of health IT is advancing. About 95 percent of FQHCs in Maryland completed a health IT questionnaire. Planning is underway to complete an environmental scan of health IT use among select urgent care centers, home health agencies, and hospice providers. Findings will be used to guide interoperability strategies for providers to access electronic health information to manage and coordinate care.

Hospital Health IT Survey

Development of the *Annual Hospital Health IT Survey* is underway. The survey centers on electronic health records, HIE, and telehealth, and includes questions about integrating services using social determinants of health data, advance directives, and patient generated health data. Findings inform education and awareness efforts to expand approaches to address factors critical to improving prevention and treatment and health outcomes. The survey is targeted for distribution in February.

HIE Privacy and Security Regulations

Drafting of amendments to COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information*, continues in collaboration with the Assistant Attorney General. The amendments align with legislation passed by Maryland (2021 and 2022). In February, the amendments will be reviewed by Post & Schell, P.C. (contractor) who was competitively selected to propose changes that modernize the regulations and align them

with the *21st Century Cures Act: Interoperability, Information Blocking*, and the Office of the National Coordinator for Health Information Technology, *Enhanced Oversight and Accountability Final Rule*.

Consumer Consent Management

An RFP to implement requirements in Chapter 798/House Bill 1375, *Health Information Exchanges – Electronic Health Information – Sharing and Disclosure* (2021) was finalized. The RFP seeks a contractor to work with a coalition of bordering states with interest in advancing consumer choice in opting out or back into electronic sharing of their health data through an HIE. Several HIEs operating in Maryland noted alignment across multiple states as a critical element to advancing a Consent Management Application (CMA). The contractor will propose practical solutions for implementing a CMA and will develop a CMA Implementation Guide.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Maryland Primary Care Program (MDPCP) Advisory Council

The MDPCP Advisory Council (Council) discussed Medicaid program alignment activities, Track 3 implementation, and potential for a multi-payer data sharing platform. The Council is in the preliminary stage of identifying key MDPCP principles and elements for future TCOC Model expansion. The information will inform HSCRC expansion planning activities of the Model beyond 2026. The HSCRC is required to submit a Final Progression Plan to the Center for Medicare and Medicaid Innovations in December 2023.

Primary Care Workgroup

The Primary Care Workgroup (workgroup) reviewed member responses to a questionnaire based on four primary care pillars: First Contact, Comprehensiveness, Coordination, and Continuity. The workgroup deliberated on operational elements for each pillar appropriate to measure primary care. A subgroup was formed to develop a construct for measuring progress of the pillars. Chapter 667/Senate Bill 734 *Maryland Health Care Commission – Primary Care Report and Workgroup* (2022) requires MHCC to convene a workgroup to discuss increasing health care equity, and ways to avoid increasing costs to patients and the health care system.

Practice Transformation Grant Activities

Practice transformation training and patient and family engagement redesign activities are occurring for about 28 practices in the *Advancing Practice Transformation in Ambulatory Practices* (APT) program. MedChi Care Transformation Organization (CTO) was awarded an APT grant (2021 and 2022) to support up to 75 primary care and specialty practices to complete practice transformation activities to prepare for participation in value-based care. The CTO is completing an interim assessment of nearly 24 practices that entered the APT program in 2022.

Practice Health Equity Symposium

Planning is advancing for a Practice Health Equity Symposium (symposium) that features presentations from several primary care providers. Presentations will focus on select health equity challenges and the identification of social resources for patients, patterns of need in the community, and potential community-based organizations for practice referrals. The event is targeted to occur in Q1 2023.

Learning Network

Planning activities are proceeding for a podiatric webinar on optimizing data available through CRISP. The webinar will provide best practice guidance for accessing and utilizing the data. Participants are eligible to receive CMEs. The webinar is targeted to occur in March.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

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. The most recent refresh includes updates to price transparency data and common conditions by race and ethnicity. Additional enhancements and updated features are underway and routine updates and maintenance are ongoing. Staff continues to respond to consumer inquiries received via the quality reports email.

MQR Website Traffic

Staff monitors traffic to the consumer site using Google Analytics software. Website traffic was about 30% higher in January (2,760) compared to December (2,106 users). The most frequently viewed topics on the MQR site include assisted living, nursing homes, and hospital price transparency. Traffic to the site is presented graphically under the Executive Direction section of this update.

MQR Website Promotion

There were approximately 70 social media posts in January. Topics included Cervical Cancer Awareness Month, Open Enrollment, Advanced Medical Planning, and general promotional posts for the MQR website. 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. Staff also promote the MQR website using additional social media platforms such as LinkedIn and NextDoor.

Staff tailored a presentation and web demonstration to the Maryland Morbidity and Mortality Quality Review Committee. The committee is made up of industry stakeholders and includes representatives from MDH, physicians, and maternal and perinatal health experts. The presentation focused on the hospital maternity metrics and associated resources that can be accessed via MQR.

The Maryland Emergency Preparedness Network (EPN) a partnership between the Maryland National Capital Homecare Association and the Maryland Department of Health Office of Preparedness and Response. interviewed Center staff for a special spotlight feature of the website on the EPN's quarterly newsletter. The newsletter reaches over 1,500 subscribers and is also shared on EPN's social media platforms. A copy of the newsletter is included in the Commissioner's packet.



SITS DOWN WITH



Hospital Quality Initiatives – Courtney Carta

Morbidity and Mortality Quality Review Committee Participation

Staff regularly attend and participate in the quarterly Morbidity and Mortality Quality Review Committee within the Maternal and Child Health Bureau at the Maryland Department of Health. As required in the State Health plan, hospitals that provide obstetrical and neonatal intensive care must comply with the Maryland Perinatal System

Standards. Staff participated in a virtual hospital site visit at CalvertHealth with the MMQRC team to review hospital performance and monitor compliance with Maryland Perinatal System Standards.

Healthcare Associated Infections – CLABSI

The coronavirus pandemic (COVID-19) has had a serious impact on Maryland hospitalizations, affecting processes and patient populations. Central-line-associated bloodstream infections (CLABSI) in Maryland hospitals have increased and continue to see higher rates than in the past, even as the public health emergency winds down. Staff continue to collaborate with the industry to address this; Staff presented CLABSI trends over the past five years to MDH and all acute Maryland hospitals as part of an introduction to a planned learning collaborative sponsored by Maryland Statewide Prevention and Reduction Collaborative (SPARC).

Long Term Care and Health Plan Quality Initiatives—Stacy Howes

Nursing Home Family Experience of Care Survey

For the 2022 survey, the paper copy of the survey has been mailed to all individuals who did not complete the survey online. Additionally, an email reminder was sent to all potential respondents, and follow-up phone calls are beginning soon. Data collection will conclude in the next 2 weeks. The current contractor, Market Decisions Research, is in their final year of the current contract. A new RFP has been submitted to procurement. The pre-proposal meeting was held on January 23.

Health Care Worker Influenza Vaccination Survey (Nursing Homes, Assisted Living, Home Health, and Hospice)

Data collection for the 2022-2023 flu season is on-going for all long-term care facilities.

Assisted Living Quality Analysis SB531 Workgroup

SB531 requires the MHCC to conduct an analysis of the quality of care in assisted living (AL) facilities with fewer than 10 beds. A survey was emailed to all assisted living facilities to ask them about what they see as barriers to providing quality care. Staff received 232 responses, and the data are being analyzed. The results will be presented at the 3rd workgroup meeting on February 13.

Health Plan Quality Initiatives

Data collection for the 2022 measurement year is ongoing.

Collaboration with Center for Health Facilities and Planning

Hospice use tables are constructed from the Annual Hospice Survey annually. The tables display information about hospice use rates, racial differences, common diagnoses, and location of services. All tables have been constructed and have been posted to the MHCC main site and the Quality Reporting site. The 2021 Hospice Use Report has been completed and will be distributed and posted to the website in February.

Outpatient Quality Initiative—Mariama Simmons

Outpatient Quality Initiative

Staff continues to clean and prepare the data for public consumption.

Health Equity Initiative

Nothing new to update as staff continues working on the interactive inventory of services available across the state.