

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

October 2021

EXECUTIVE DIRECTION

Government Relations and Special Projects - Tracey DeShields

State Policy Update

Staff have continued work on initiatives from the 2021 legislative session. Senate Bill 837 – Health – Advance Care Planning and Advance Directives did not pass in the 2021 legislative session, however the Health and Government Operations (HGO) Committee asked MHCC to convene a workgroup to develop recommendations on possible compromise legislation for the 2022 legislative session. The Advance Directives Workgroup has been established. The second meeting was held on September 14th. Two subgroups were formed—The Technical Subgroup and the Policy Subgroup. The Technical Subgroup met at the end of September and the Policy Subgroup met in early October. The subgroups were charged with paring down meeting discussions into actionable recommendations. The date for the third Advance Directives Workgroup meeting is set for November 4th.

Additionally, staff is working on a report to the legislature to determine whether CRISP is a feasible entity to do financial eligibility determinations for patients with medical debt to determine if they qualify for financial assistance or a reduced cost of care. Staff is also working with the HSCRC on a report due to the legislature assessing the Hospital at Home model that Johns Hopkins Medical System is looking to pursue.

Finally, staff is working on two studies: one study is examining healthcare provider billing practices for COVID-19 testing and the second study is assessing Medicare reimbursement for advance care planning in long-term care facilities, such as nursing homes.

Secretary’s Vision Group

The SVG met October 12th to discuss elements of the Total Cost of Care Model (TCOC) including the State Integrated Health Improvement Strategy measures and performance, the Episode Quality Improvement Program, and the Department of Health’s Master Health Facilities Plan. The slides for the meeting will be sent to Commissioners via e-mail. The SVG meets monthly and is composed of MDH leadership, the executive directors from the Commissions, CRISP, and the leadership from the major stakeholders including hospitals, post-acute care, and physicians.

MHCC-related news coverage: selected articles and commentary

Health Facilities

Miller, H. “Baltimore’s GBMC begins construction on \$166 million expansion project designed to upgrade patient experience.” The Baltimore Sun. September 2, 2021. Available from:

<https://www.baltimoresun.com/health/bs-hs-gbmc-groundbreaking-promise-project-20210902-tvacmnlcbze7zmi4frsfcmbtoe-story.html>

Maryland Department of Health. “Maryland Department of Health announces Facilities Master Plan to improve patient healthcare services.” Maryland Department of Health. September 2, 2021. Available from: <https://health.maryland.gov/newsroom/Pages/MDH-announces-Facilities-Master-Plan-to-improve-patient-healthcare-services-.aspx>

Domen, J. “‘Green heart’ of Anne Arundel Co. could sprout up at site of old Maryland mental hospital.” WTOP News. September 3, 2021. Available from: <https://wtop.com/anne-arundel-county/2021/09/is-long-awaited-change-coming-to-the-green-heart-of-aa-county-2/>

Higgins II, DM, “MedStar Southern Maryland Hospital Center earns 2021 Environmental Excellence Award.” The Southern Maryland Chronicle. September 3, 2021. Available from: <https://southernmarylandchronicle.com/2021/09/03/medstar-southern-maryland-hospital-center-earns-2021-environmental-excellence-award/>

Flaks, R. “Hospital union leader speaks out against MDH plan that may close Deer’s Head Hospital.” ABC47. September 10, 2021. Available from: <https://www.wmdt.com/2021/09/hospital-union-leader-speaks-out-against-mdh-plan-to-close-state-hospitals/>

MedStar Southern Maryland Hospital. “MedStar Southern Maryland Hospital Center earns national recognition for efforts to improve stroke treatment.” The Southern Maryland Chronicle. September 21, 2021. Available from: <https://southernmarylandchronicle.com/2021/09/21/medstar-southern-maryland-hospital-center-earns-national-recognition-for-efforts-to-improve-stroke-treatment/>

The Garrett County Republican. “Mountain Laurel Medical Center receives quality recognition.” The Garrett County Republican. September 23, 2021. Available from: https://www.wvnews.com/garrettrepublican/community/mountain-laurel-medical-center-receives-quality-recognition/article_1609aa8e-1b17-11ec-aa33-17a0c64e9bf8.html

WCBC Radio. “UPMC Western Maryland ranked top hospital.” WCBC. September 27, 2021. Available from: <https://www.wbcbradio.com/?archiv=upmc-western-maryland-ranked-top-hospital>

Health Disparities and Health Equity

Gaskill, H. “Task Force begins work to expand dental health care in Maryland.” Maryland Matters. September 15, 2021. Available from: <https://www.marylandmatters.org/2021/09/15/task-force-begins-work-to-expand-dental-health-care-in-maryland/>

Johns Hopkins Bloomberg School of Public Health. “Johns Hopkins health disparities researcher Lisa Cooper appointed by Biden to President’s Council of Advisors on Science and Technology.” Johns Hopkins Bloomberg School of Public Health. September 22, 2021. Available from: <https://publichealth.jhu.edu/2021/johns-hopkins-health-disparities-researcher-lisa-cooper-appointed-by-biden-to-presidents-council-of-advisors-on-science-and-technology>

Miller, H. “Johns Hopkins Bayview and University of Maryland Medical Center Midtown among most ‘socially responsible’ hospitals, health care think tank says.” Baltimore Sun. September 21, 2021. Available from: <https://www.baltimoresun.com/health/bs-md-johns-hopkins-bayview-university-of-maryland-medical-socially-responsible-20210921-tcf5gn5dnvau7m365l5u5hy5nq-story.html>

Maryland Hospital Association. “Maryland hospital priorities to protect the workforce, improve health equity become law Oct. 1” MHA Press Release. September 28, 2021. Available from: https://www.mhaonline.org/docs/default-source/publications/press-releases/maryland-hospital-priorities-to-protect-the-workforce-improve-health-equity-become-law-oct-1.pdf?sfvrsn=153d6523_6

Maryland Trauma Physician Services Fund

Uncompensated Care Processing

Trustmark Health Benefits, the third-party administrator (TPA) for the Trauma Fund, processed \$122,621.22 for uncompensated care claims through September 2021.

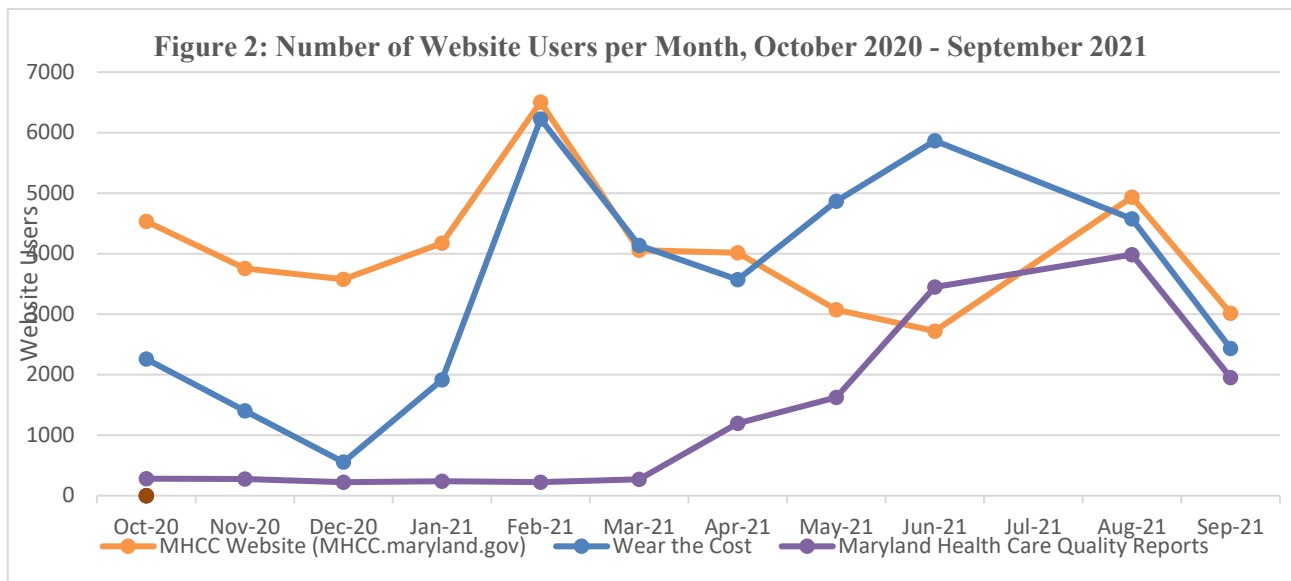
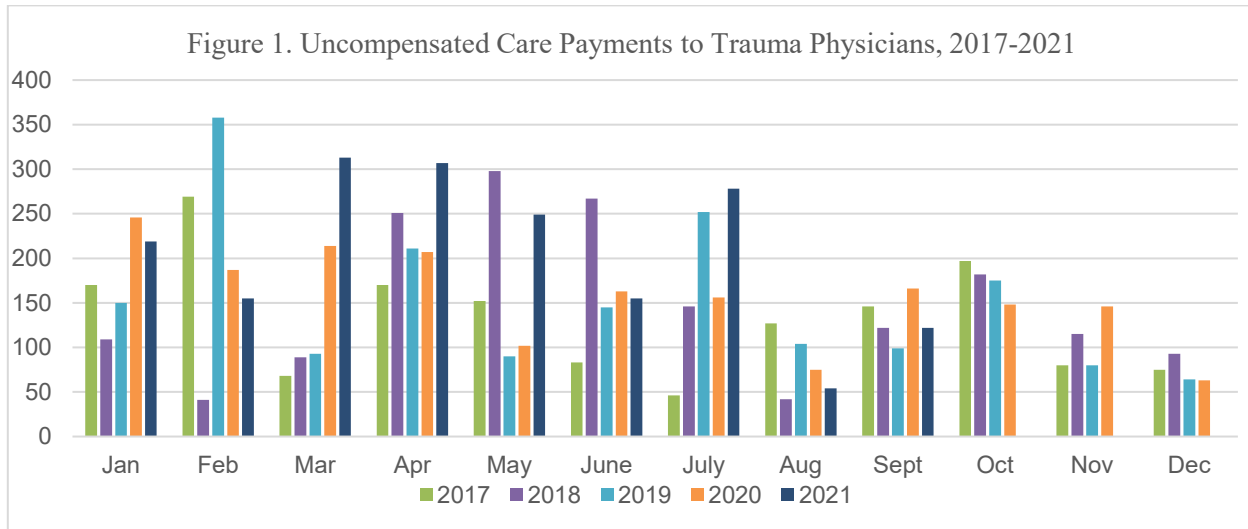


Figure 2 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff. Specific information about each website is below.

MHCC Website: The MHCC website (<https://MHCC.maryland.gov>) had 3,016 users in September.

Wear the Cost: This website had 2,435 visitors in September, down slightly from August, but generally in the same range as observed over the last year.

Center for Quality Measurement and Reporting - Google Analytics for October 2021

[Maryland Quality Reporting:](#)

The Maryland Quality Reporting had 1,953 users, 2,659 sessions and 3,787 pageviews in September. The average session duration decreased 10.0% to 1 minute and 30 seconds. The site receives the most website referrals from MHCC's homepage (58.6%). Additionally, MHCC joined the [NextDoor platform](#), a hyperlocal social networking service for neighborhoods. The NextDoor site resulted in 24 referred users to the [Maryland Quality Reporting](#) site, accounting for 4.2% of all referrals from the initial MHCC welcome post. Facebook continues to be the primary referral social media source, accounting for 90.0% of all social referrals and Yelp was a new source of social media referrals for the month.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Shankar Mesta

New Data Management Contractor for Maryland's Medical Care Data Base

In the summer of 2021, MHCC recompeted the data management contract for the Maryland Medical Care Data Base (MCDB, also called the All Payer Claims Database (APCD)). After a very competitively-bid procurement process, MHCC has recommended to the Board of Public Works that Onpoint Health Data (Onpoint) be awarded the new seven-year data management contract. Onpoint will provide data acquisition, data reconciliation, database development, and data analytics to enhance and expand the MCDB's capability and functionality.

Onpoint is an independent nonprofit health data organization that is a market leader in APCD design and deployment, having implemented over half of the nation's functioning statewide APCD solutions, including health data management and analytics. Onpoint currently manages APCDs in Connecticut, Minnesota, Oregon, Rhode Island, Vermont, and Washington and multi-payer claims databases in several other markets. It recently was awarded the [APCD for California](#). As of October 2021, Onpoint collects, validates, and normalizes data submissions from more than 250 carriers from 35 states, representing more than 47 million covered lives and 50 terabytes of data annually.

MHCC, Onpoint, and Social and Scientific Systems, Inc. (SSS, a DLH Company and the current MHCC data vendor) will collaborate over the next several weeks to ensure a smooth transition from SSS to Onpoint at the end of 2021. MHCC anticipates that all reporting entities will submit Q4 2021 data into the new Onpoint environment on or before the end of February 2022.

MCDB Data Submission Status, Payor Compliance, and Technical Support

MHCC is pleased to announce that the 2020 MCDB data base is available for use. The 2020 file previously passed all validation checks for 2020. The HSCRC and the AHRQ data requests are scheduled to be delivered before the end of October 2021.

MHCC Data Regarding HMO Payments to Non-Participating Providers

Maryland Health-General Article, §19-710.1 specifies a methodology to calculate minimum payment rates that Health Maintenance Organizations (HMOs) must pay to non-contracting (non-trauma) providers that provide a covered evaluation and management (E&M) service to an HMO patient. The Maryland Health Care Commission (MHCC) is required to annually update these minimum payment rates, which are published by the Maryland Insurance Administration (MIA).

The Maryland law covers Current Procedure Terminology (CPT-4) and Healthcare Common Procedure Coding System (HCPCS) codes that are defined as Evaluation and Management in the Berenson-Eggers Type of Services (BETOS) terminology. HMOs must reimburse non-participating providers for these codes

using CMS Medicare Physician Fee Schedule rates in place in August of 2008 adjusted by the cumulative Medicare Economic Index (MEI) prior to the start of each new calendar year. The 2020 MEI adjustment is 1.4%. To be as consistent with statute while accounting for coding changes, the MHCC and the MIA have agreed to set payment rates for new Evaluation and Management codes by basing the fee levels on the Medicare Physician Fee Schedule for the year in which these codes are introduced and then applying annual MEI adjustments in subsequent years.

2020 Privately Insured Individual Market Early Update

The number of covered lives at the end of 2020 increased compared to 2019 due to the impact of the easy enrollment program and special enrollment period established in response to the COVID-19 pandemic.

- Individual Market population illness burden increased marginally from 2019 to 2020 (1.33 vs. 1.34).
- 2020 per member per month spending for all services combined was almost equal to that of 2019 despite low volumes in utilization due to unit cost adjustment approved by HSCRC.
- Overall, there were 5,785 COVID-19 cases with a rate of 274 cases per 10k among individual market members.
- There were 761 hospitalizations due to COVID-19, with 66% hospitalization lasting for 1-7 days length of stay.
- Due to COVID-19, there was an abrupt spike in telehealth visits in the second quarter of 2020, followed by a gradual decline and leveling off.
- Mental health disorders were the leading diagnosis for telehealth visits before and during the pandemic.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

State Health Plan for General Surgical Services, COMAR 10.24.11

The Commission adopted final permanent State Health Plan (SHP) regulations for general surgical services on September 23, 2021. They adopted the proposed regulations on May 20th of this year, as the final permanent regulations. These regulations are expected to become effective on October 18, 2021.

Long-Term Care Policy and Planning – Linda Cole

FY 2020 Hospice Survey

Data collection for the FY 2020 Maryland Hospice Survey, Parts I and II, has been completed. Several extensions were granted for Part II, because some data is derived from the Medicare cost report, and CMS postponed the cost report due dates, because of the COVID-19 pandemic's impact on hospice operations. Staff is processing the data in preparation for making the survey data available on MHCC's public use set of data files, accessed via the Commission's website.

Meeting with Hospice Leadership

MHCC staff met with several leaders of the Hospice & Palliative Care Network of Maryland on September 13, 2021, to discuss the Commission's goals for updating COMAR 10.24.16, the SHP regulations for general

hospice services. Hospice Network leaders expressed their views on changes to the SHP and discussed the challenges faced in providing hospice care during the pandemic.

Performance-Related Metrics for Upcoming Home Health Agency (HHA) CON Application Review Cycles

The Commission approved quality measures and performance levels for each type of eligible home health agency applicant on September 23, 2021. These metrics will be used to develop a CON review schedule for HHA projects. Public comments received on the draft metrics were reviewed by MHCC staff along with recommendations on any changes in the metrics based on the comments.

Five jurisdictions qualify as having a need for additional HHA services: Carroll, Dorchester, Somerset, Wicomico, and Worcester Counties. Listings of Maryland HHAs, hospitals, and nursing homes that meet the Commission-approved performance levels and may qualify to apply during the upcoming HHA CON review cycle will be identified in a subsequent Guidelines document to be posted on the Commission's website. The HHA CON review schedule will also be posted on the Commission's website, as well as published in the *Maryland Register*.

Long Term Care Survey

Staff is processing the FY 2020 Medicaid Cost Report data set for merger with the comprehensive care facility (CCF) data set collected through the MHCC 2020 Maryland Long Term Care Survey. There were 19 changes of ownership for CCFs in FY 2020.

Home Health Survey

Data collection for the FY2020 Home Health Agency Survey began on September 13, 2021 and will end on November 11, 2021. There are 54 HHAs participating in this 2020 survey.

Certificate of Need – Wynee Hawk

CONs Approved

Luminis Health Doctors Community Medical Center – Docket No. 21-16-2448 (Prince George's County)

Introduce acute psychiatric services for adults by renovating existing space at the hospital to create a 16-bed psychiatric unit.

Approved Cost: \$7,787,303

Change in an Approved Exemption from CON Review

Northwest Hospital – Docket No. 19-24-EX0011 (Baltimore County)

Approval of a \$200,000 increase (10%) in this approved project (the addition of acute psychiatric beds for adults), bringing the total approved cost of the project to \$2,200,000, and approval of a change in the location of the additional psychiatric bed capacity within the hospital.

CON Letters of Intent

Pyramid Walden, LLC – (Prince George's County)

Establish a Track Two alcoholism and drug abuse intermediate care facility with 50 beds, to be located at 3000 Lottsford Vista Road in Bowie.

Change to an Approved CON Filings

Adventist Rehabilitation Hospital of Maryland – Docket No. 18-15-2428 (Montgomery County)

Increase in the approved project cost from \$19,547,323 to \$22,544,375 (15.3%)

Determinations of Coverage

- **Ambulatory Surgery Centers**

Anne Arundel-SCA SurgiCenter, LLC d/b/a AAMC Surgery Center-Annapolis – (Anne Arundel County)
Addition of a second operating room.

- **Licensure**

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

Wye Oak Healthcare of Hagerstown, LLC d/b/a Cadia Healthcare-Hagerstown – (Washington County)
Extension of the period of temporarily delicensed status of 67 CCF beds (extended to February 27, 2022).

Northwest Hospital Center – (Baltimore County)
Extension of the period of temporarily delicensed status of 22 CCF beds (extended to March 31, 2022).

Other

VNA of Maryland – (Baltimore County)
Relocation of an HHA office from 7008 Security Boulevard, Suite 300, Baltimore to 400 Red Brook Boulevard, Suite 220, in Owings Mills.

Hillhaven Nursing & Rehabilitation Center – (Prince George’s County)
Revision to a Memorandum of Understanding with the Maryland Medicaid Program reducing the minimum required Medicaid participation rate from 46.7% to 42.3% for this CCF.

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

North Oaks Continuing Care Retirement Community (Autumn Ridge at North Oaks)
(Baltimore County)
Transaction: Acquisition of the Assets
Current Owner of the Real Property: North Oaks Real Estate Partnership
Current owner of bed rights: North Oaks Partnership
Owner post-transaction: Wilson Lane Realty, LLC
Operator and owner of bed rights post-transaction: North Oaks Communities, LLC
Purchase Price: \$32,000,000

Hearthstone Nursing & Rehabilitation Center
Cumberland (Allegany County)
Current Owner of the Real Property: Barton Healthcare Management, Inc.
Current owner of bed rights: Barton Healthcare Management, Inc.
Owner post-transaction: Cumberland Realty, LLC
Operator and owner of beds rights post-transaction: Cumberland HC Operations, LLC
Purchase Price: \$15,150,000

CENTER FOR HEALTH INFORMATION & INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Telehealth Study

The National Opinion Research Center (NORC) (contractor) was selected to complete the telehealth study required by legislation passed in the 2021 Session of the General Assembly. A kick-off meeting with the

NORC will occur in October. Study findings will support recommendations on telehealth coverage and payment levels relative to in-person care. The recommendations and the supporting study are due to the Senate Finance Committee and House Health and Government Operations Committee by December 1, 2022.

Patient Generated Health Data

An environmental scan is underway to identify legislation in other states aimed at strengthening protections for patient generated health data (PGHD). PGHD are health-related data created and recorded by patients outside of a clinical setting using third-party applications that often fall outside the scope of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Findings will inform opportunities to address privacy and security gaps through policy or legislation and develop stakeholder education and awareness strategies.

Hospital Health Information Technology Assessment

A hospital health information technology (health IT) insights brief using data collected from acute care hospitals in the State is progressing. Data consist of hospitals' use and perceived value of electronic health records (EHR), health information exchange (HIE), and telehealth. A focus of the brief will be how information gathering to impact social determinants of health and cybersecurity practices are evolving. The insights brief is targeted for release in January.

Electronic Data Interchange

Discussions are underway with several small practices to identify challenges in submitting HIPAA electronic administrative transactions. Findings will be included in an insights brief summarizing information from payers 2020 Electronic Data Interchange Progress Report (report). Payers with a premium volume of \$1 million or more are required by COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks* to submit an annual report by June 30th. The insights brief will include national data reported by the Council for Affordable Quality Healthcare, Inc. The insights brief is planned for release in December.

Nursing Home Health IT Assessment

Planning is underway for a series of interviews with nursing home clinical and operational staff covering use and perceived value of EHRs, HIE, and telehealth. Common themes and select trends will be highlighted in an insights brief along with health IT findings from the 2020 Annual Long Term Care Survey. Interviews will take place through November.

Cybersecurity Symposium

An announcement to save the date for the November 8th virtual Cybersecurity Symposium (symposium) was emailed to stakeholders. The symposium is in collaboration with the Health Services Cost Review Commission, Maryland Hospital Association, Maryland Healthcare Information and Management Systems Society, and Health Facilities Association of Maryland. The theme centers on third-party supply chain risks and best practices for protecting against cyber-attacks.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Advanced Care Delivery

Maryland Primary Care Program (MDPCP) Advisory Council

Preparations are underway to convene the MDPCP Advisory Council (Council) to discuss Track 3 proposal options for consideration by the Center for Medicare & Medicaid Innovation (CMMI). The MDPCP Program Management Office (PMO) submitted a Track 3 proposal to CMMI on December 23, 2020. Throughout 2021, the PMO and CMMI discussed potential enhancements to Track 2 in lieu of a Track 3. The PMO and CMMI have resumed discussions to advance a Track 3 option. The council will deliberate on select Track 3 elements during the October meeting.

Practice Transformation Grant Activities

Practice recruitment for the *Advancing Practice Transformation in Ambulatory Practices* program is progressing. The grantee, MedChi Care Transformation Organization (CTO), has engaged several component medical societies to assist in recruiting small ambulatory practices. The program funds transformation activities for up to 50 primary care and specialty practices to complete select practice transformation activities aimed at delivering efficient, high-quality, team-based care.

Practice Transformation Network

Staff vetted the draft environmental scan (scan) with select practices. The scan will assess transformation progress of about 100 practices that participated in the Centers for Medicare & Medicaid Services Practice Transformation Network initiative (2016–2019). Findings from the scan will inform strategies to prepare practices to successfully participate in value-based payment models.

Learning Networks

Planning continues for an ambulatory provider forum focused on care management and care coordination. The forum includes virtual presentations from advance care delivery practices, hospitals, and payers. Promotional activities are proceeding for a podiatric webinar on facilitating participation in the Merit-Based Incentive Payment System. The webinar is planned to occur in October and the forum in November.

Electronic Health Network Workgroup

The Electronic Health Network (EHN) Workgroup (workgroup) convened to discuss implementing Chapter 790 (House Bill 1022) and 791 (Senate Bill 748) of the 2021 LOM that require EHNs to submit electronic health care transactions originating from a Maryland-based provider to the State Designated HIE (CRISP) for public health and clinical purposes. The workgroup expects to convene monthly through the end of the year to consider an implementation strategy.

Health Information Exchange Division – Alana Sutherland, Division Chief

Privacy and Security Regulations

Post & Schell, P.C. (contractor) compiled draft proposed modifications to COMAR 10.25.18 *Health Information Exchanges: Privacy and Security of Protected Health Information* (regulations). The contractor was competitively selected in July 2020 to propose changes that modernize the regulations and align it with the *21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification* program final rule. Staff convened the HIE Policy Board, a staff advisory workgroup, to begin discussing proposed enhancements to the 12 sections of the regulations.

Consumer Consent Management

Discussions with the State-Designated HIE are progressing regarding building a consumer consent management utility (CMU) application as required by Chapter 798 (House Bill 1375) of the 2021 Laws of Maryland. The bill requires CRISP to develop a centralized approach for consumers to opt-out or opt back into electronic health information exchange. The CMU will enable a consumer to fill out one form to opt-out or back into having all or part of their electronic health information stored or disclosed by registered HIEs.

HIE Roundtable

Planning activities for an HIE roundtable (roundtable) are proceeding. Roughly 25 representatives from non-profit HIEs from across the nation have expressed an interest in participating in the roundtable, which is scheduled for January 31, 2022. The roundtable participants will consider select shared policy challenges and potential solutions for advancing HIE. Staff will convene a planning committee in October to consider specific agenda topics. In addition, staff presented on health IT at the Maryland State Dental Association Chesapeake Dental Conference.

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 first major update to the website occurred in September. Quality measures for home health, hospice, and nursing homes were updated. Additional updates for hospitals and other settings will occur later this fall. The health disparities section of the website now includes an interactive feature that allows consumers to view the top 25 common medical conditions by race and ethnicity.

MQR Website Traffic

Staff monitors traffic to the site consumer site using Google Analytics software. Website traffic in September was similar to August with about 2,000 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

Promotion of the MQR website is a Center priority. There were approximately 100 social media posts in September. Topics included National Recovery Month, National Patient Safety Awareness Week, 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 joined social media platform, NextDoor, to engage with various communities in the state. Initial impressions and engagement from the platform were promising and staff will continue to tailor messaging based on different needs among different communities and neighborhoods.

The staff is working with Maryland Public Television (MPT) and Baltimore County Libraries to develop promotional options for increasing public awareness of the MQR website. Staff presented a demonstration of the website during the August Baltimore County Library council meeting. The website was well received and discussions about future opportunities are in progress.

African American Outreach-Hospice Brochures

To increase African American access to hospice services, staff created an informative brochure in late 2019/early 2020. The brochure includes information about our consumer website and how to access resources. Distribution of the brochure was delayed because of the pandemic. In late August, staff distributed 1,000 copies of the brochure to library systems and hospital discharge planners. Library and hospital staff expressed happiness to have access to this resource, and staff are planning to create additional resources.

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. Staff completed validation for CY2020 (Q3-Q4) results. CMS issued an extraordinary exception policy allowing optional reporting for Q1-Q2 2020, so results are based on 2 quarters of data. Maryland hospitals performed better than the national experience for clostridium difficile (CDI). Maryland hospitals performed about the same as the national experience on the following infection types: catheter associated urinary tract infections (CAUTI), central line associated blood stream infections (CLABSI), and

methicillin resistant staphylococcus aureus (MRSA) and surgical site infections including hip replacement, knee replacement, colon surgery, and CABG. Maryland hospitals performed worse than the national experience for abdominal hysterectomy surgical site infections. Infections were also significantly higher than predicted for both CAUTI and CLABSI in ICU settings. The Maryland hospital healthcare worker flu vaccination rate remains high at 97%.

Healthcare Associated Infections – State and National Comparisons during COVID

The Journal of Infection Control and Hospital Epidemiology recently published an article comparing national data HAI for 2019 and 2020, by quarter, to see how HAIs were impacted during the COVID pandemic. Results showed that Q1 2020 HAIs improved (significantly fewer infections than predicted) compared to Q1 2019. As the pandemic progressed further in to 2020, HAIs significantly increased, particularly in MRSA and device-associated infections (CLABSI and CAUTI). However, HAIs improved for surgical site infections (COLO and HYST) and CDI.

Staff replicated the study using Maryland data and results were not as varied. During the time of crisis, Maryland hospitals performance was relatively stable. Though infections increased in the later quarters of 2020 compared to 2019, the increases were only statistically significant for CLABSI and CAUTI. Surveillance for these infection types is location-based and include ICUs which were highly occupied units during the height of the pandemic in 2020. Despite the significant increases, Maryland hospital performance was still in the range of “no different than the national experience.”

HCAHPS Data Collection

Patient satisfaction measures across Maryland hospitals have remained historically lower than national averages. Starting in January 2022, MHCC will require acute care hospitals to begin submitting detailed Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data. This will allow for a more thorough analysis of potential differences in patient satisfaction across race, ethnicity, and service lines (e.g., maternity, surgical, medical). Staff are developing technical specifications, data submission materials, and communications to distribute to hospitals prior to the new requirement taking effect. Staff will host a webinar later this fall for hospitals in preparation for the new requirement.

Long Term Care and Health Plan Quality Initiatives—Stacy Howes

Long-Term Care Planning Guide

HB599 was passed in Spring 2021, and it required MHCC staff to create a Long-Term Care Planning Guide for Maryland residents. The guide includes information on what to plan for (including costs), how to start a conversation about long-term care planning needs, and useful contact information for local resources. The guide is to be available in print and online and in both English and Spanish. Staff began creating the guide and is in the process of translating it into Spanish.

Nursing Home Family Experience of Care Survey

Further results of the health disparities analysis were presented at the Commission meeting on July 2021. Non-white respondents were significantly less satisfied on the survey than white respondents, and Medicaid payers were significantly less satisfied than private payers. Higher COVID infections were associated with lower satisfaction scores, and an analysis was completed to demonstrate that nursing homes can be categorized to determine which ones consistently performed poorly (and continued to decline over time) on the survey. Discussions centered around completing a multivariate analysis to determine the role of health disparities in the survey and designing a program to assist poorly performing nursing homes. Follow-up on these topics will be forthcoming.

The 2021 survey letter with online access was mailed to participants in September, and the first mailing of the paper survey was mailed in early October.

Nursing Home and Assisted Living Influenza Vaccination Survey

Data collection for the annual health care worker influenza survey began on October 1 and continues through March 31, 2022. All nursing homes and assisted living facilities with ten or more beds received email notices with information about the survey. To heighten awareness of the data collection process, facilities that were below the state vaccination average for 2020-21 received hard copy notices as well. The MHCC website has been updated with current vaccination rates for hospitals, ambulatory surgical facilities, nursing homes and assisted living facilities.

Hospice and Home Health Influenza Vaccination Survey

All agencies received a letter alerting them to the new survey requirement. Agencies supplied a contact for this new initiative, and that contact will be responsible for data collection over the flu season and reporting the data in April and May of 2022. The survey data collection period officially kicked off October 1.

Health Plan Quality Initiative

The remaining data collection was completed for reporting year 2021. Data will be analyzed to determine benchmarks and the 5-star rating over the next month. To include more data and data analyses to understand health disparities, staff spoke with Paul Ackroyd of the Health Data Company (our contractor) to discuss ways to utilize available data.

The current contract is ending, and a new Request for Proposals (RFP) is in preparation. The new RFP will adjust the focus to include not only reporting on HEDIS and CAHPS measures but also will address information and data gaps in behavioral health and health disparities measures.

Outpatient Quality Initiative—Mariama Gondo

Health Disparities Initiative

In response to House Bill 309/Senate Bill 565, staff has drafted, tested, and implemented a brief questionnaire to collect information on the various MDH programs and activities, which serve vulnerable populations. This questionnaire will be used to create the report that is due to the legislature in December 2021. The questionnaire deadline was extended to August 31st to ensure all programs had an opportunity to report. The staff is analyzing the responses of over 150 programs and staff is currently working on drafting the report. Staff continues to collaborate with the Department of Health's Office of Minority Health on this project.