Maryland Health Care Quality Reporting Initiatives

An Update

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Maryland Health Care Commission

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Theressa Lee is Director of the Center for Quality Measurement and Reporting with the Maryland Health Care Commission (MHCC). Ms. Lee oversees the Commission's public reporting initiatives for hospitals, long term care facilities, ambulatory surgery centers and health benefit plans. Before joining the MHCC, she served as the Chief of Health Information Management and Program Development with the Health Services Cost Review Commission. She holds a Masters Degree in Public Administration from the University of Baltimore.
Outline

- Maryland Health Care Quality Reporting Initiatives
- Overview of MHCC
- Focus on Center for Quality Measurement and Reporting
- Evolution of Public Reporting in Maryland
- Demo of New Maryland Health Care Quality Reports Website
- Challenges and Opportunities
Maryland Health Care Quality Reporting Initiatives
(Learning Objectives)

Issue 1

• The role of MHCC in promoting quality health care services and monitoring health system performance in Maryland
  – What are the key quality initiatives underway at the MHCC?
  – What data sources are used to support the Commission’s activities?
  – How does MHCC collaborate with HSCRC?

Issue 2

• The *Maryland Health Care Quality Reports* (MHCQR) website
  – What quality, cost and performance information is made available to the public?
  – How is data quality addressed by the Commission?
  – How can hospitals and providers use the MHCQR to monitor performance and improve quality?
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Overview of Maryland Health Care Commission

- **Mission** is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment by providing timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers and the public.

- **Vision for Maryland** is to ensure that informed consumers hold the health care system accountable and have access to affordable and appropriate health care services through programs that serve as models for the nation.
MHCC Commissioners

- Craig Tanio, MD, MBA, Chair, is the Chief Medical Officer at ChenMed, and a former principal of McKinsey & Co.
- John E. Fleig is Chief Operating Officer for Mid Atlantic Health Plan for United Healthcare
- Paul Fronstin, PhD is the Director of the Employee Health Benefit Research Institute’s Health Research and Education Program
- Kenny W. Kan, CPA is Senior Vice President and Chief Actuary of CareFirst.
- Jeffrey Metz, MBA, LNHA, is President and Administrator of Egle Nursing & Rehab Center located in Lonaconing, Maryland.
- Robert Moffit, PhD is Senior Fellow at the Center for Health Policy Studies at the Heritage Foundation in Washington, D.C.
- Kathryn Montgomery, PhD, RN, NEA-BC is the Associate Dean Strategic Partnerships & Initiatives and Assistant Professor at the University of Maryland School of Nursing
- Ligia Peralta, MD, FAAP, FSAHM, AAHIVM is a clinician with special expertise in the areas of adolescent health, HIV, sexually transmitted infections and health disparities
- Frances B. Phillips, RN, MHC, is a community health improvement and population health innovation consultant and is the former Deputy Secretary for Public Health Services
- Andrew Pollak, MD is the James Lawrence Kernan Professor of Orthopaedics and Chair of the Department of Orthopaedics within the School of Medicine. He also serves as Chief of Orthopaedics for the University of Maryland Medical System
- Glenn Schneider, MPH is the Chief Program Officer for the Horizon Foundation
- Diane Stollenwerk is a health care quality consultant and a former Vice President at the National Quality Forum
- Stephen Thomas, PhD is the Director of the Center for Health Equity and a professor in the School of Public Health at University of Maryland at College Park
- Adam Weinstein., M.D. is a kidney specialist and the medical director for Nephrology and Transplant Services for the Shore Health System
- Maureen Carr-York, Esq. is an attorney with a clinical background in health care from Anne Arundel County.
MHCC Strategic Priorities

• Improve health system performance by increasing transparency of cost and quality information

• Modernize health planning to address changing capacity needs of a high-performing, integrated system

• Promote use of health information technology (HIT) to maximize meaningful information sharing

• Elevate advancement of primary care in Maryland
Expand Public Reporting of Health System Performance to Drive Transparency:

- Drive Provider Improvement
- Enable Meaningful Oversight
- Support Consumer Decision-making
Center for Health Facilities Planning and Development
State Health Plan and Certificate of Need

• State Health Plan
  – Regulations that establish the standards and criteria for review of the need, costs and effectiveness, impact and viability of health care facility capital projects
  – Contains service-specific need projection methodologies, standards and policies to serve as the foundation for the Commission’s regulatory decisions in its CON program

• Certificate of Need (CON) Program
  – The mechanism to ensure that changes in service capacity and major expenditures for health care facilities are needed, affordable, and consistent with Commission’s policy
  – Functions in coordination with the HSCRC to assure access to care at reasonable costs
Update and expand the State Health Plan Chapters to incorporate a stronger quality review and oversight component

- Revise Acute Care Chapter to guide hospital CON applications
  
  A hospital with a measure value for a Quality Measure included in the most recent update of the Maryland Hospital Performance Evaluation Guide that falls within the bottom quartile of all hospitals’ reported performance measured for that Quality Measure and also falls below a 90% level of compliance with the Quality Measure, shall document each action it is taking to improve performance for that Quality Measure.

- Revise Home Health Agency Chapter
  
  — 56 licensed HHAs
  
  — Focus on quality providers by incorporating evidence-based quality metrics in review process
  
  — Include review and comment period on recommended measures before adoption
Center for Health Facilities Planning and Development
Ongoing Review of Specialized Cardiac Services

• Transition to a mode of regulation requiring ongoing performance evaluation and compliance with minimum standards for continued operation (Ex: Specialized Cardiac Services)
  – 10 Hospitals with Cardiac Surgery Programs with Full Spectrum PCI
  – 13 Hospitals with Primary (Emergency) PCI Program without on-site Cardiac Surgery
Center for Health Facilities Planning and Development
Ongoing Review of Specialized Cardiac Services

- MHCC adopted regulations on new oversight of cardiac services that established ongoing oversight of services via a certificate of ongoing performance
  - Angioplasty in hospitals with and without cardiac surgery
  - External and independent peer review established for all angioplasty programs
  - Voluntary relinquishment when programs failed even after implementing a corrective action plan
  - Establishes a process for awarding certificates of conformance for existing programs that perform only primary angioplasty or for new angioplasty programs
  - Establishes a process for considering applications from hospitals wishing to perform cardiac surgery
  - Creates a clinical advisory committee to advise MHCC on implementation of program
  - More fully aligns Maryland with most recent clinical guidelines established by the ACC and STS
  - Data collection and reporting component:
    - NCDR ACTION Registry
    - NCDR CathPCI Registry
    - STS Cardiac Surgery Registry
Center for Analysis and Information Services
Using the All Payer Claims Data Base (APCD)

• The Medical Care Data Base (MCDB) is Maryland’s All-Payer claims-level data base
  – Data on approximately 3.6 million privately insured Maryland residents
  – Medicaid claims for about 900,000 MCO enrollees annually
  – Quarterly data submission requirement effective with 2014 data
  – Contains 4 claims-related files:
    ▪ Professional services
    ▪ Institutional services
    ▪ Pharmacy services
    ▪ Medical eligibility

• Enhanced with CRISP’s unique encrypted patient identifier to enable linkage of patient claims across payers and over time

• All major third party administrators and pharmacy benefit managers submit
Center for Analysis and Information Services
Using the All Payer Claims Data Base (APCD)

• Monitoring trends in Total Cost of Care (TCoC)
  — Using specification developed by HSCRC to monitor TCoC under the new hospital payment model
  — Using Health Partners risk-adjusted TCoC metric to assist health professional in monitoring their own performance

• Supporting Price Transparency
  — MHCC and Maryland Insurance Administration (MIA) will work together to use APCD for MIA’s rate review processes
  — MHCC will accelerate data collection to align data with information reported by carriers in rate applications
  — MHCC and MIA are working together to build analytic tools that will enable APCD to be used in dynamic rate review environment
Center for Health Information Technology and Innovative Care Delivery

- Promote and facilitate the adoption and use of health IT for the purposes of improving the quality and safety of health care
- Plan and implement a statewide HIE
- Facilitate widespread increase in the adoption and meaningful use of electronic health records (EHRs)
- Establish a Maryland multi-payer patient-centered medical home program (MMPP) model of primary care delivery designed to strengthen the patient and provider relationship by replacing episodic care with coordinated care, and a relationship where providers can participate in shared savings
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Center for Quality Measurement and Reporting
State Mandated Reporting Initiatives

• Health Benefit Plan Reports
• Long Term Care Guide
• Ambulatory Surgery Center Guide
• Hospital Performance Evaluation System
Center for Quality Measurement and Reporting
State Mandated Public Reporting Initiatives

• **Health Benefit Plan Reports** (1997)
  Primary Data Sources:
  – Healthcare Effectiveness Data Information Set (HEDIS®)
  – Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
  – Race, Ethnicity, Language, Interpreters and Cultural Competency (RELICC™)

• **Long Term Care Guide** (1999)
  Primary Data Sources:
  – MHCC Long Term Care Survey
  – CMS Minimum Data Set (MDS)
  – CMS Quality Measures, Health Inspections, Staffing
  – MHCC Family and Resident Satisfaction Survey
  – MHCC Health Care Worker Influenza Vaccination Survey
Center for Quality Measurement and Reporting
State Mandated Public Reporting Initiatives

  Primary Data Sources:
  - MHCC Freestanding Ambulatory Surgery Survey
  - HSCRC Hospital Outpatient Data Set

  Primary Data Sources:
  - Hospital-Consumer Assessment of Healthcare Providers and Systems (HCAHPS®)
  - CDC National Healthcare Safety Network (NHSN)
  - HSCRC Statewide Inpatient Discharge Data Set
  - CMS Process and Outcome measures
  - CMS Claims Data (readmissions, mortality)
• Clinical Care (HEDIS®)
  Effectiveness of Care
  – Appropriate testing and treatments
  Access/Availability of Care
  – Adults’ access to preventive/ambulatory health services
  – Children/Adolescents’ access to primary care practitioners
  – Prenatal/Postpartum care
  – Initiation/Engagement of alcohol & other drug treatment
  Utilization and Relative Resource Use
  – Use of services; Cost of care
  Health Plan Descriptive Information
  – Board certification; enrollment; diversity of membership

• Member Experience (CAHPS®)
  Survey results on measures of member satisfaction with Health Benefit Plan
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2009  Use of focus groups to guide major redesign of the LTC website; converting the guide from a nursing home focus to the full continuum of long term care services: nursing homes, assisted living facilities, home health and hospice

2010  Initiated survey of employee flu vaccination in nursing homes and assisted living facilities

2013  Expanded use of the nursing home family experience survey results and employee flu vaccination rates by Maryland Medicaid Program for P4P

2015  Expanded use of nursing home short stay surveys (100 days or less) by HSCRC to support the NAPM methodology
Center for Quality Measurement and Reporting
Expanded Hospital Reporting Over Time

2002 – Process of care measures/Utilization data
2008 – Hospital Participation in CDC National Healthcare Safety Network (NHSN)
2009 – Patient Experience /Consumer Satisfaction Survey Results (HCAHPS)
   - Use quality metrics in HSCRC Quality Based Reimbursement (QBR) Initiative
   - Hospital Health Care Worker Flu Vaccination Rates
2010 – Central Line Associated Blood Stream Infections (CLABSI) (ICU only)
2011-  Initiation of On-site HAI Data Validation Initiative
2012 – Surgical Site Infections – Hip, Knee, CABG
2013 – Clostridium difficile Infection (CDI)
2014 – **Alignment with CMS Value Based Purchasing Program Requirements**
   - Surgical Site Infections – Colon, Abdominal Hysterectomy
   - MRSA Bacteremia
   - Catheter Associated Urinary Tract Infections (CAUTI) (ICU only)
2015 – Expansion of CLABSI and CAUTI to medical, surgical and medical/surgical wards
   – Expansion of MRSA and CDI to ED and 24 hour observation units
Center for Quality Measurement and Reporting
Value of Public Reporting: Highlights

- **Facilitating Improvement**
  - CLABSIs in ICUs reduced by 50% over the past 5 years
  - SSIs reduced by over 30% in last 3 years.
  - HCWs’ rate of flu vaccination increased almost 20% over the past 5 years to 97%. Last year, Maryland hospitals achieved highest rate in the nation according to CDC’s MMWR (Sept. 19, 2014)

- **Identifying Areas in Need of Performance Improvement**
  - Hospital patient satisfaction scores (HCAHPS)
  - Catheter Associated Urinary Tract Infections (CAUTI)
  - *Clostridium difficile* (c.diff.)
  - MRSA

- **Fostering Price Transparency**
- **Supporting the Maryland Health Benefits Exchange**
- **Supporting Maryland’s New All-Payer Model (NAPM)**
Center for Quality Measurement and Reporting
Consolidation of Reporting Initiatives

• **The Maryland Health Care Quality Reports Website** (Released 2014)
  A comprehensive, integrated online resource that enables consumers to access meaningful, timely, and accurate health care information reported by providers and payers in Maryland
  - Developed with consumer involvement throughout the process
  - The website establishes a foundation; will continue to evolve
  - Next Steps - Focus on promotion of the website
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Maryland Health Care Quality Reports

A Single Point of Access to Information About Health Care Quality ("new" system)
Maryland Health Care Quality Reports

DEMONSTRATION

healthcarequality.mhcc.maryland.gov
Welcome to the Maryland Health Care Commission’s (MHCC) consumer website. MHCC is a state regulatory agency whose mission includes promoting informed decision making in health care. This website looks at the quality and costs of health care in Maryland, including hospitals and long-term care facilities. The data provided comes from trusted state and national sources. The information may be useful for finding or comparing health care providers.
### Infections (HAIs): Knee Surgery

#### Surgical Site Infections

**Knee Replacement**

*01/2014 - 12/2014*

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Hospital Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>MedStar Union Memorial Hospital</td>
<td>Better</td>
</tr>
<tr>
<td>Mercy Medical Center</td>
<td>Better</td>
</tr>
<tr>
<td>Adventist HealthCare Washington Adventist Hospital</td>
<td>Same</td>
</tr>
<tr>
<td>Bon Secours Hospital</td>
<td>Same</td>
</tr>
</tbody>
</table>

- **Number of Infections:** 0
- **Number of Procedures:** 305
- **Number of Infections Predicted by National Experience:** 0.14
- **Ratio of Actual to Predicted Infections (SIR):** 0.00
- **5% LCI:** 0.00, **65% UCI:** 0.60
### Price Transparency:

#### Knee Replacement

**Top 25 Medical Conditions & Charges (All Hospitals Combined)**

01/2014 - 12/2014

<table>
<thead>
<tr>
<th>Medical Conditions (APR-DRG)</th>
<th>APR-DRG ID</th>
<th>Number of Cases</th>
<th>Average Charge Per Case ($)</th>
<th>Average Length of Stay (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Knee joint replacement</td>
<td>302</td>
<td>13,066</td>
<td>22,943</td>
<td>2.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Number of Cases</th>
<th>% of State Total</th>
<th>Average Charge Per Case ($)</th>
<th>Average Length of Stay (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne Arundel Medical Center</td>
<td>1,180</td>
<td>9.01%</td>
<td>20,450</td>
<td>2.5</td>
</tr>
<tr>
<td>University of Maryland St. Joseph Medical Center</td>
<td>1,005</td>
<td>8.20%</td>
<td>16,103</td>
<td>1.9</td>
</tr>
<tr>
<td>Suburban Hospital</td>
<td>989</td>
<td>7.55%</td>
<td>18,188</td>
<td>2.4</td>
</tr>
<tr>
<td>MedStar Union Memorial Hospital</td>
<td>874</td>
<td>6.67%</td>
<td>23,642</td>
<td>2.9</td>
</tr>
<tr>
<td>Mercy Medical Center</td>
<td>703</td>
<td>5.37%</td>
<td>21,705</td>
<td>3.0</td>
</tr>
<tr>
<td>Sinai Hospital</td>
<td>652</td>
<td>4.90%</td>
<td>20,129</td>
<td>2.6</td>
</tr>
<tr>
<td>Morristown Medical Center</td>
<td>510</td>
<td>3.99%</td>
<td>17,714</td>
<td>2.6</td>
</tr>
<tr>
<td>Frederick Memorial Hospital</td>
<td>415</td>
<td>3.17%</td>
<td>17,063</td>
<td>2.6</td>
</tr>
</tbody>
</table>
Maryland Health Care Quality Reports
Long Term Care Guide: Quick Compare

97% of Health Care Workers in Maryland Hospitals were vaccinated for the flu.

Flu Vaccinations

Discover more about Maryland Health Care

Review Consumer Ratings
- Hospitals
- Health Plans

Compare Health Care Prices
- Hospitals

Find Health Care
- Hospitals
- Nursing Homes
- Physicians

This Maryland Health Care Commission is an independent regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment.
Compare LTC Facilities on Overall Rating, Quality, Staffing and Health Inspections

<table>
<thead>
<tr>
<th>Nursing Home Name</th>
<th>Overall Rating</th>
<th>Overall Quality</th>
<th>Overall Staffing</th>
<th>Overall Health Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALICE BIRD TIMES NURSING HOME CROSBY, MD</td>
<td>Average</td>
<td>Average</td>
<td>Better than average</td>
<td>Below average</td>
</tr>
<tr>
<td>ALICE MANOR REHABILITATION CENTER BALTIMORE, MD</td>
<td>Much better than average</td>
<td>Much better than average</td>
<td>Better than average</td>
<td>Average</td>
</tr>
<tr>
<td>ALLEGANY HEALTH NURSING AND REHAB CUMBERLAND, MD</td>
<td>Better than average</td>
<td>Better than average</td>
<td>Below average</td>
<td>Better than average</td>
</tr>
<tr>
<td>ALTHEA WOODLAND NURSING HOME SILVER SPRING, MD</td>
<td>Better than average</td>
<td>Much better than average</td>
<td>Better than average</td>
<td>Below average</td>
</tr>
</tbody>
</table>
Summary of ALICE BYRD TAWES NURSING HOME

201 HALL HIGHWAY
CRESFIEL, MD 21917

Phone Number: 410-988-1200
County Name: Somerset County
Ownership Type: Non profit - Corporation
Number of Certified Beds: 76
Number of Residents In Certified Beds: 76
Provider ID: 213688
Is the nursing home located in Hospital: No
Date First Approved to Provide Medicare and Medicaid services: Thu May 09 1968
Provider Changed Ownership in Last 12

The information on this website should be interpreted cautiously as there are both strengths and weaknesses associated with the data. You may want to use information from many different sources to learn about a nursing home's quality, such as the long term care ombudsman's office in your state or the state agency that inspects nursing homes. Many experts strongly recommend visiting a nursing home in person before deciding to choose it for yourself or your loved one.
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Challenges and Opportunities

• New hospital payment model adds another dimension and opportunity to reform
  – Care Coordination
  – Patient Centered Care
  – Data Sharing and Ongoing Monitoring

• More accurate, timely, and more comprehensive data are essential to the new care models, payment systems, and health care entities

• Limited State resources to support evolving infrastructure and data requirements

• Multi-stakeholder engagement in measure selection - shared accountability for health

• Ongoing outreach and engagement consumers and consumer advocacy groups to evolve the website
Questions?