THE MARYLAND HEALTH CARE COMMISSION

FY 2018 BUDGET PRESENTATION TO THE LEGISLATURE
M00R0101

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Executive Director

The Maryland Health Care Commission

is organized around the health care systems we seek to evaluate, regulate, or influence, utilizing a wide range of tools (data gathering, public reporting, planning and regulation) in order to improve quality, address costs, or increase access.

The Center for Health Care Facilities Planning and Development

The Center for Health Information Technology and Innovative Care Delivery

The Center for Analysis and Information Services

The Center for Quality Measurement and Reporting

MHCC Priorities

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

Expand public reporting of health system performance

Accelerate the implementation of health information technology

Support the evolution of advanced care delivery models

Modernizing State Health Planning

Modifications to Health Plan Chapters to foster competition among quality providers

- Organ transplantation services

- Home Health Services

Modifications in the Health Plan for PCI and Cardiac Surgery Services to reflect new clinical perspectives on cardiac surgery

Development underway for a new State Health Plan Chapter for Freestanding Medical Facilities – COMAR 10.24.19 – effective 2017

Completed a progress report on Procedural Regulations (COMAR 10.24.01)– Identifying opportunities for regulatory process streamlining and incorporating updates

Convened a Rural Health Workgroup to make recommendations on health care needs on the Mid-Shore and other areas of rural Maryland

State Health Planning Operations

Approved five major projects with a combined project value of about $1.25 billion:

Authorized a new PCI program for University of Maryland Shore Medical Center at Easton

Approved:

- Increases in ambulatory surgery capacity at Green Spring Station in Lutherville and

- Kaiser Permanente South Baltimore County Medical Center

- Approved four new facilities for inpatient drug treatment

Expanding Public Reporting Of Health System Performance

In 2014-2015 MHCC expanded the data collection infrastructure to support expanded use of the data.

In 2016, these investments began to produce results:

- Worked in partnership with the MIA to assess use of MCDB in the MIA's expanded rate review process.

- Developed easy-to-use dashboards for examining <u>variations in costs of health care and in geographic variations in spending.</u>

- Worked with the <u>Network for Regional Health </u>Improvement (NRHI)to develop a <u>Total Cost of Care (TCoC) report </u>that compared the TCoC in multiple regions using a national recognized TCoC methodology.

- Designing a consumer website for display of total costs for certain 'shop-able episodes.'

Developed data sharing arrangements with HSCRC, Medicaid, and certain academic institutions that could comply with our data use requirements

Expanding Public Reporting Of Health System Performance

Increasing Greater Quality Transparency using the Maryland HealthCare Quality Reports:

- Expand the website to include 4 display of Commercial Health Plan performance information – moving closer to providing interactive display of all MHCC's four performance guides.

- Expand hospital quality measures data collection requirements to comply with evolving CMS Inpatient Quality Reporting, Hospital Outpatient Reporting, and Value-Based Purchasing Program – to support the new All-Payer Model.

- Aligned Healthcare Associated Infection reporting with CMS requirements.

- HealthCare Quality Reports contains quality measures that are generating attention, such as ED wait times.

Accelerating The Implementation Of Health Information Technology

Issued ten telehealth grants with a total value of $450,000, grantees match funds on a 2 to1 basis;

- Implemented use cases identified in the 2014 report to the General Assembly.

- Awardees included Dimensions Health System, Atlantic General, Union Hospital, Lorien, Associated Black Charities, Crisfield Clinic, two primary care practices in Prince George's County, and Shore Health.

Re-designated CRISP as the State Health Information Exchange.

Supported ambulatory care practices to fully use electronic heath records systems, expand clinical analytics and quality reporting.

Worked with stakeholders to develop value-specific HIE use cases attractive to nursing homes and other post acute care providers.

Began implementation of the Advance Directives legislation in collaboration with DHMH.

Established a health care cybersecurity program in collaboration with HIMSS, HSCRC, and MHA.

Evolution of Advanced Primary Care Delivery

Maryland Multi-Payer PCMH Program

- Released the Final Evaluation of the Maryland Multi-Payer Patient Centered Medical Home Program (MMPP) which assessed overall progress made by pilot participants during the 4 year program.

- Developed and implemented a plan for practices in the MMPP to migrate to commercial programs.

- Worked with Medicaid to continue the MMPP for Medicaid practices through FY 2016.

Established a collaborative with the New Jersey Innovation Institute (NJII) for implementing CMS's practice transformation activities in Maryland.

Worked with DHMH to develop the Maryland Comprehensive Primary Care Program that allows primary care physicians to participate in:

- Medicare reforms established through the 2015 Medicare Authorization and CHIP Reauthorization Act payment reforms; and

- Work in collaboration with hospitals to achieve the goals of the new Maryland All-Payer Model .

Budget

FY 2018 Allowance - $55,919,104

1. Operation Budget - $15,119,104   -   (Cap on Assessments since 2008 - $12 million)

- Industries Assessed – Payers, Hospitals, Nursing Homes, and Health Occupation Boards
- FY 2017 Projected Close on Revenue - $3,600,000 (Continue to utilize to fill gap between appropriation and revenue)
- Total Staff : 57.9

2. Managing Critical Funds -- Trauma and HIT Operational Funds

- Maryland Trauma Physicians Services Fund - $12,600,000 – (includes $600,000 for equipment   grants)
- Shock Trauma Grant - $3,200,000
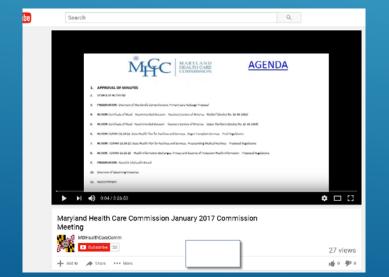- Integrated Care Network (CRISP) - $25,000,000

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