maryland
health services
cost review commission

Performance Measurement Workgroup

October 16, 2024

HSCRC Quality Team

Meeting Agenda

- Welcome and introductions, webinar housekeeping
- Draft QBR RY 2027 policy discussion
  - RY 2025 QBR cut point
  - Linear HCAHPS Measures
  - RY 2026 Performance Standards Update
- HCAHPS improvement collaborative
- ED Best Practices incentive development
- HSCRC digital measures update
- RY 2027 Readmission Reduction Incentive Program
  - Impact of observation on readmissions and RRIP (MPR)
- Draft IP Diabetes screening recommendation
- RY 2025 revenue adjustments

Workgroup Learning Agreements

- **Be Present** – Make a conscious effort to know who is in the room, become an active listener. Refrain from multitasking and checking emails during meetings.
- **Call Each Other In As We Call Each Other Out** – When challenging ideas or perspectives give feedback respectfully. When being challenged - listen, acknowledge the issue, and respond respectfully.
- **Recognize the Difference of Intent vs Impact** – Be accountable for our words and actions.
- **Create Space for Multiple Truths** – Seek understanding of differences in opinion and respect diverse perspectives.
- **Notice Power Dynamics** – Be aware of how you may unconsciously be using your power and privilege.
- **Center Learning and Growth** – At times, the work will be uncomfortable and challenging. Mistakes and misunderstanding will occur as we work towards a common solution. We are here to learn and grow from each other both individually and collectively.

REMINDER: These workgroup meetings are recorded.

PMWG Invited (i) and Confirmed (c)Members

Carrie	Adams	Meritus (i)
Ryan	Anderson	MedStar - MD Primary Care Program (i)
Kelly	Arthur	Qlarant QIO (c)
Ed	Beranek	Johns Hopkins Health System (c)
Barbara	Brocato	Barbara Marx Brocato & Associates (c)
Zahid	Butt	Medisolv Inc.(c)
Tim	Chizmar	MIEMSS (i)
Linda	Costa	University of Maryland School of Nursing (c)
Ted	Delbridge	MIEMSS (c)
Michael	Ellenbogen	Johns Hopkins School of Medicine (c)
Toby	Gordon	Johns Hopkins Carey Business School (c)
Shannon	Hall	Community Behavioral Health Association of MD(c)
Theressa	Lee	Maryland Health Care Commission (c)
Stacy	Lofton	Families USA (c)
Angela	Maule	Garrett Regional Medical Center (c)
Patsy	Mcneil	Adventist Health (i)

Stephen	Michaels	MedStar Southern Maryland Hospital (c)
Lily	Mitchell	CareFirst (c)
Sharon	Neeley	Maryland Department of Health Medicaid (c)
Christine	Nguyen	Families USA (i)
Jonathan	Patrick	MedStar Health (i)
Elinor	Petrocelli	Mercy Medical Center (c)
Mindy	Pierce	Primary Care Coalition of Montgomery County (i)
Nitza	Santiago	Lifebridge Health (c)
Dale	Schumacher	MedChi, Maryland State Medical Society (i)
Madeleine "Maddy"	Shea	Health Management Associates (c)
Brian	Sims	Maryland Hospital Association (c)
Mike	Sokolow	University of Maryland Medical Systems(c)
Geetika "Geeta"	Sood	JHU SOM,Division of Infectious Diseases.(c)
April	Taylor	Johns Hopkins Health System (i)
Bruce	VanDerver	Maryland Physicians Care (c)
Jamie	White	Frederick Health (i)

QBR RY 2027 Draft Policy

RY 2025 Revised Cut Point

RY 2025 QBR Cutpoint Discussion

- Background:
  - Current cut point is 41%, based on average national scores from FFY16-FFY21 using QBR weighting
  - Due to changes in performance post-COVID, the cut point is retrospectively evaluated to try to ensure that MD hospitals are rewarded or penalized relative to national performance
  - Using a by-measure analysis for RY 2025, on average, national hospitals score ~31%
- To account for degradation in National and State performance, Staff recommends to lower cut point to 32 percent
  - Based on average performance of three post-covid years (FFY21-22, RY25)

QBR Cut Point Calculation

RY2025 QBR Cut Point Analysis							National Average		
	FFY16	FFY17	FFY18	FFY19	FFY20	FFY21	FFY22	RY25	Average
Old Method: Reweight VBP	43%	40%	42%	41%	42%	39%	23%		39%
Old Method % Change		-7%	5%	-2%	2%	-7%	-41%		
						FFY21	RY24	RY 2025	Average
New Method: by Measure						35%	23%	31%	30%
New Method % Change							-34%	35%	
	FFY16	FFY17	FFY18	FFY19	FFY20	FFY21	FFY22	RY 25: RY24 X (1+New Method % Change)	Average
Old Method with Imputed Value for RY25 based on New Method	43%	40%	42%	41%	42%	39%	23%	31%	38%
						39%	23%	31%	32%

- Staff used a by-measure method to calculate RY25 scores due to data unavailability
  - Data is not available because CMS has yet to release VBP domain scores for CY2023 performance
- Tested new method on RY24/FFY22 and received similar results
- Performed imputation to standardize national average across different calculation methods
- To account for the recent degradation in national performance/COVID impacts, staff are proposing to only average FFY21, FFY22, and RY 2025

NOTE: RY denotes new method was used; FFY used to denote old method was used

QBR Cut Point Comparison

RY 2025 QBR Cutpoint	Pre-Covid Cut Point (RY21)	Current Cut Point	Proposed Cut Point
	41%	41%	32%
# of hospitals penalized	29	36	24
% revenue penalties	-0.52%	-0.56%	-0.28%
$ revenue penalties	$ (52,193,879)	$ (65,853,481)	$ (33,161,828)
# of hospitals rewarded	13	5	17
% revenue rewards	0.03%	0.0138%	0.0929%
$ revenue rewards	$ 2,733,702	$ 1,613,674	$ 10,855,387
State Net Adjustments	$ (49,460,177)	$ (64,239,807)	$ (22,306,441)

- May need to also refine RY26 cutpoint
  - Will likely update this analysis
- Final policy for RY 2027 will include modeling of VBP changes
  - Removal of CTM-3 and Staff Responsiveness from TopBox, Linear, and Consistency for HCAHPS

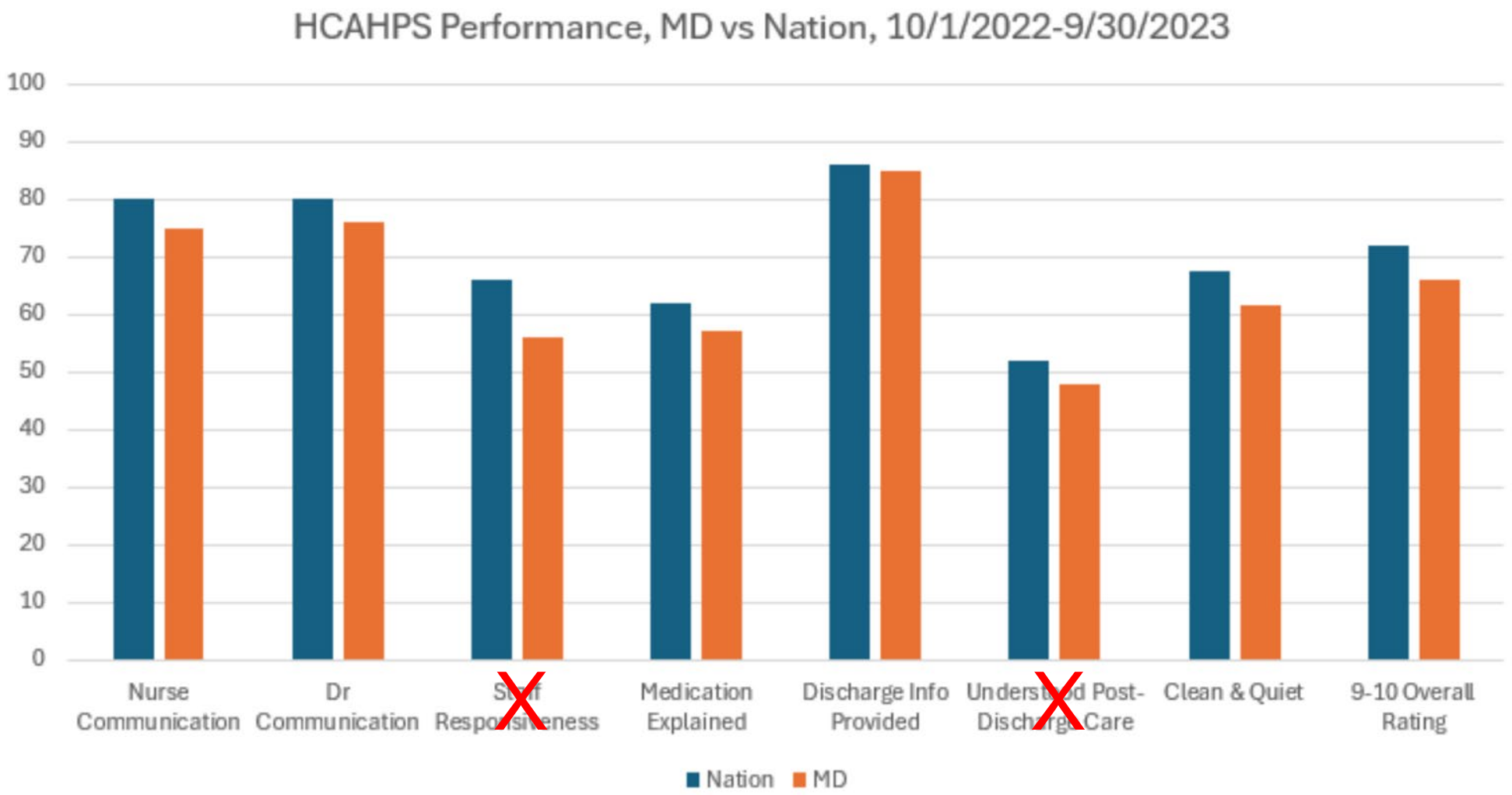
HCAHPS Linear Measure Updates

Updated HCAHPS Survey CYs 2025 through 2027

- There is a decrease from eight to six HCAHPS sub-domains in the Person and Community Engagement VBP domain:
  - Communication with nurses
  - Communication with doctors
  - Communication about medicine
  - Hospital cleanliness and quietness
  - Discharge information
  - Overall hospital rating

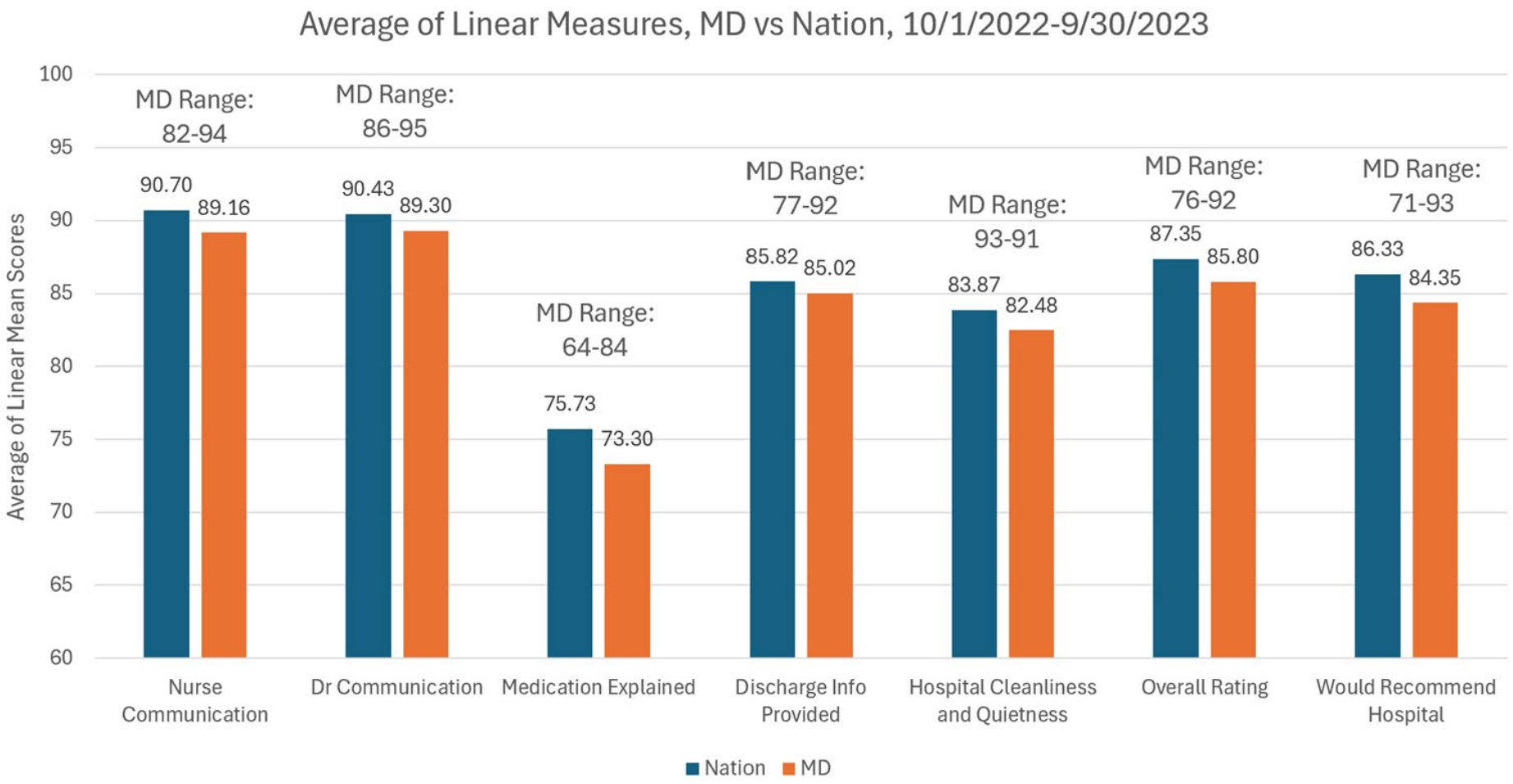
- CMS is updating two HCAHPS sub-domains and will re-adopte them into the PCE VBP domain in CY 2028
  - Composite care transition
  - Responsiveness of hospital staff
  - The two HCAHPS domains are included in the linear measures
    - Staff recommends Overall Rating and Medication Explained

HCAHPS Most Recent Available Performance



X: Removed from HCAHPS

Most Recent Available HCAHPS Linear Performance



Currently include Dr and Nurse Communication linear scores in QBR.

Which two additional measures should we consider adding?

Linear Measures for RY 2027

- Staff are modeling scores with Communication about Medications and Overall Rating of the Hospital to replace the Care Transition and Staff Responsiveness for CYs 25-27
  - MD performs the worst on Communication about Medications and this domain sees the largest variation in hospital performance signaling room for improvement
  - Picked overall rating since it is more general measure
- Discussion?
  - Added Would Recommend Hospital as option although not included in VBP and is similar to Overall Rating but with slightly larger range in performance

HCAHPS Learning Collaborative Update

HSCRC Learning Collaborative to Target HCAHPS Improvement

Goals: Compile best practices to improve patient experience; improve HCAHPS scores
Co-led by Jonathan Sachs (HSCRC consultant) and MHA
Stakeholders: hospital HCAHPS leaders, operations leads, HSCRC Quality leadership team, national survey representatives
Staff tasks: Analyze HCAHPS data; Learn best practices from national organizations that consult to hospital providers; Quality improvement initiatives
Meetings: Monthly; HCAHPS knowledge level-setting, learning best practices from survey vendors and hospitals, and presenting data analysis results
Deliverable: Report of findings to the Commission

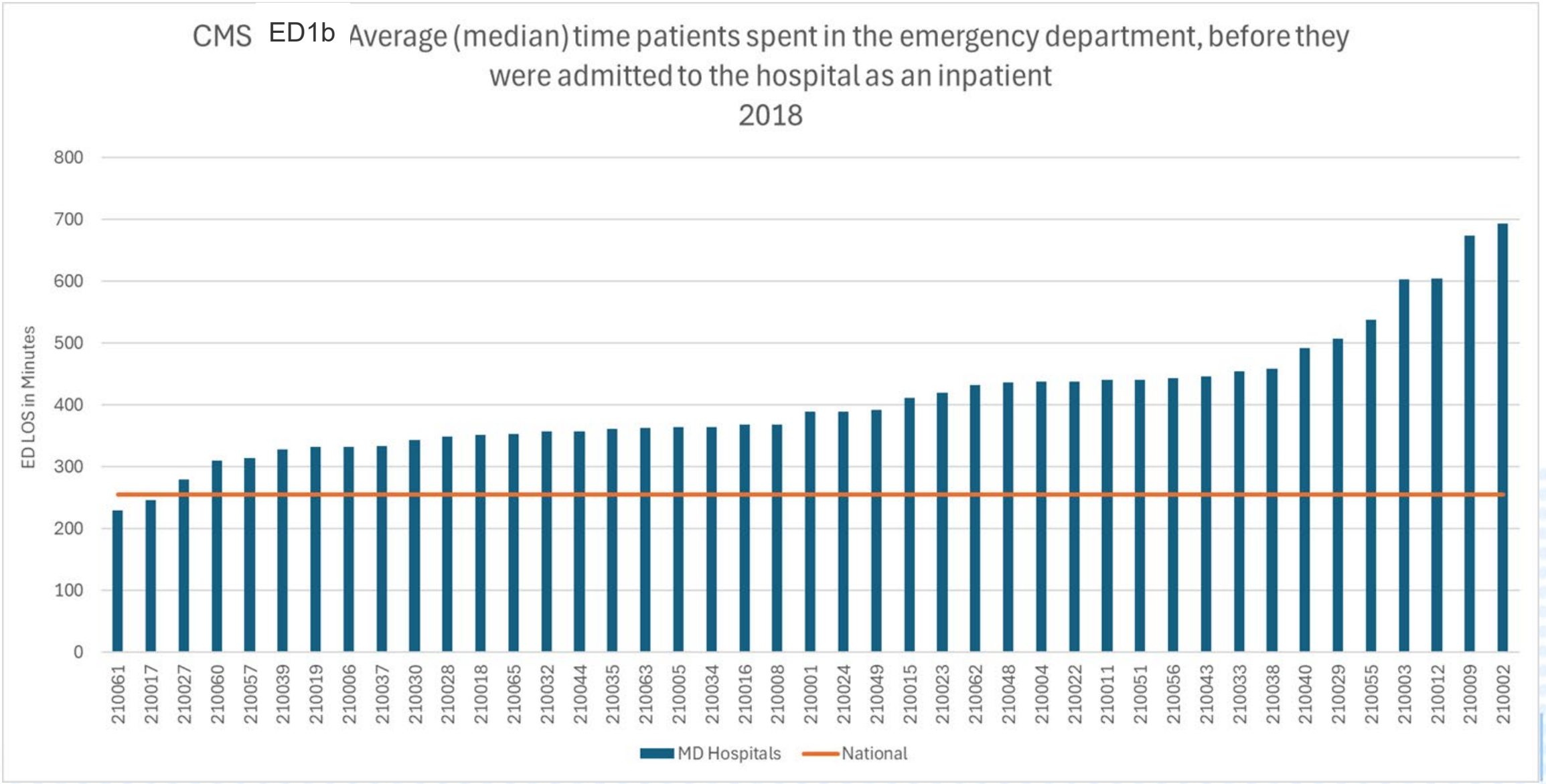
maryland health services cost review commission

ED Length of Stay Measure

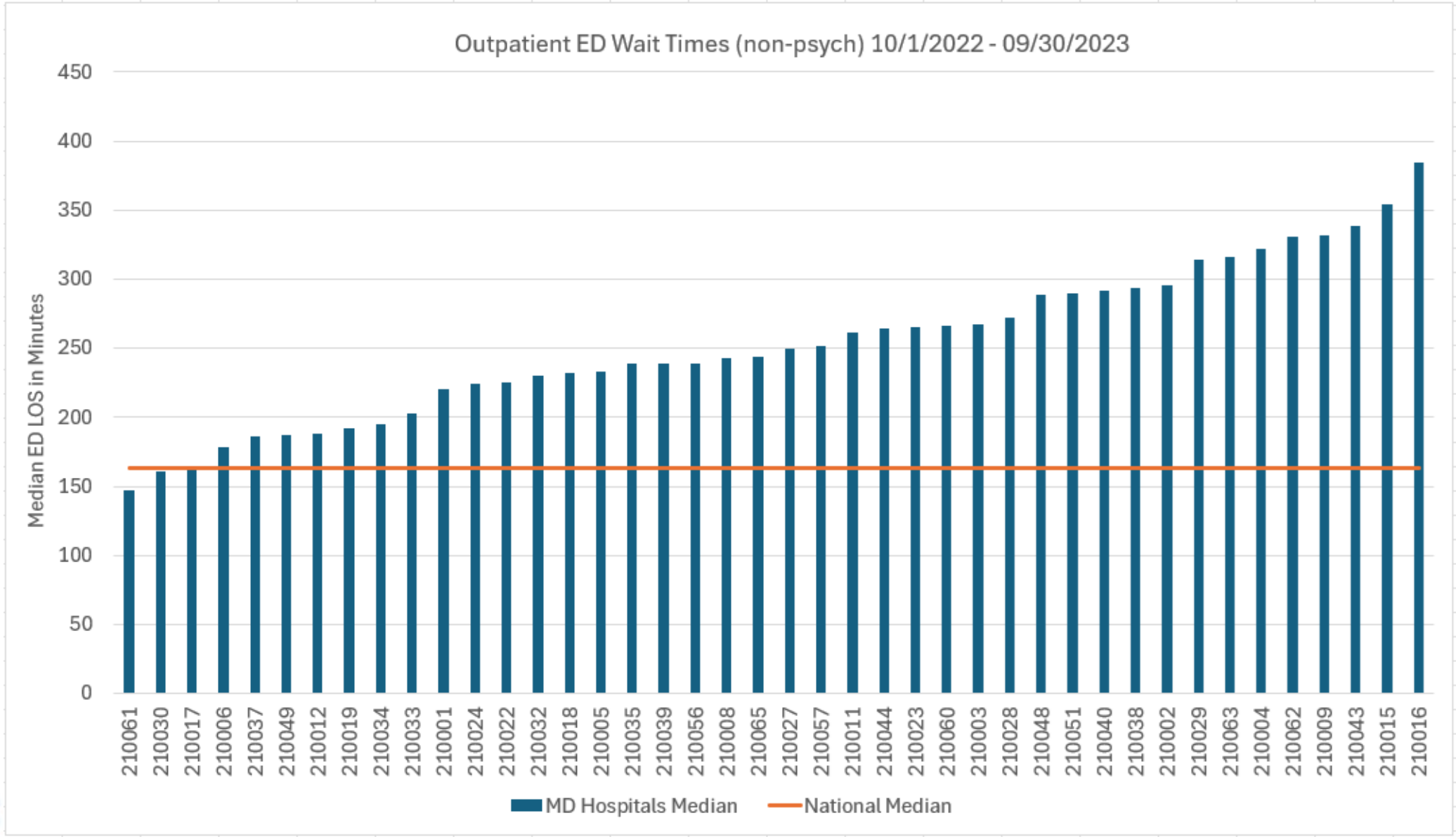
QBR Policy and ED LOS Measurement Development Timeline

- September/October/November 2023: Discussed at Performance Measurement Workgroup
- 11/8/2023 QBR Draft Policy: Proposed options for inclusion of ED LOS measure
  - Comment Letters: 11/1/2023 - 11/15/2023
- 12/13/2023 QBR Final Policy: Approved inclusion of ED LOS measure at 10 percent weight
- Commission discussion:
  - QBR ED LOS Measure Development plan was proposed on January 10, 2024 and reviewed on February 14, 2024
- ED LOS Development Subgroup Meetings:
  - ED Subgroup 1 (Data): February 2nd, 2024, March 1st, 2024, April 12th,2024
    - ED LOS Data Submission Memo was sent via email to hospitals on May 20, 2024
    - ED LOS Data Submission Dates: Extended to September 13, 2024 (CY2023 and Jan-Mar 2024 data), December 16, 2024 (Apr-Sept 2024 data), March 2025 (Oct-Dec 2024 data)
  - ED Subgroup 2 (Incentive): April 26th, 2024, May 17th, 2024, June 21st, 2024, September 10, 2024, September 27, 2024
  - Meeting recordings and slides: Subgroup ED LOS Measure (maryland.gov)

Why include ED LOS in QBR?



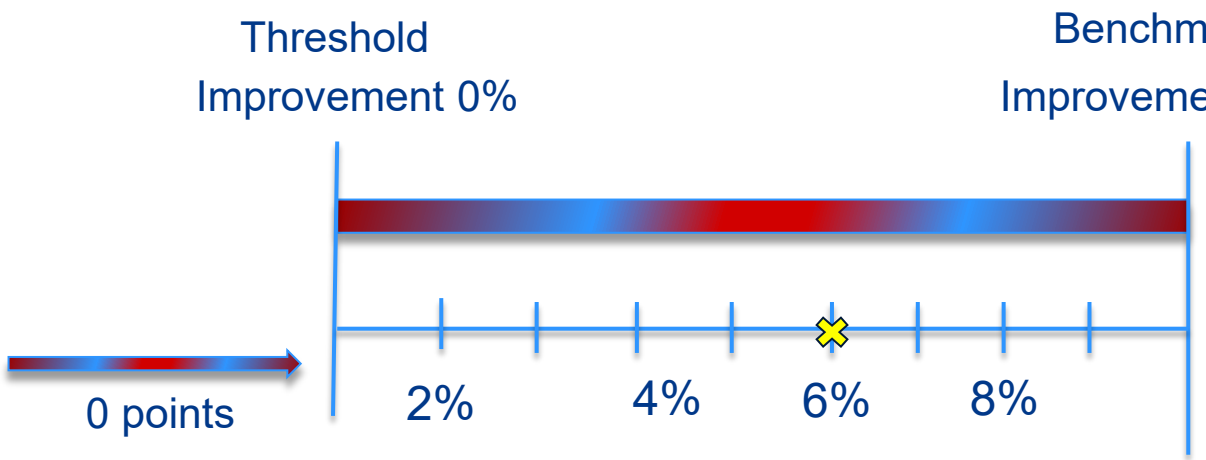
OP18b Outpatient ED LOS (more recent data)



QBR ED LOS Incentive CY 2024

- Incentive measures improvement from CY 2023 to CY 2024
- **Measure:** Percent change in the median time from ED arrival to physical departure from the ED for patients admitted to the hospital
- **Population:** All non-psychiatric ED patients who are admitted to Inpatient bed and discharged from hospital during reporting period
- **Scoring:** Use attainment calculation for percent change to convert improvement into a 0 to 10 point score (see next slide)
- **Data:** Ad hoc data submissions of time stamps to merge in with case-mix data
- **Performance standards:** See Current Proposal slide

QBR Scoring Example



Hospital Improvement = 6.0%

Calculates to a score of 6 out of 10

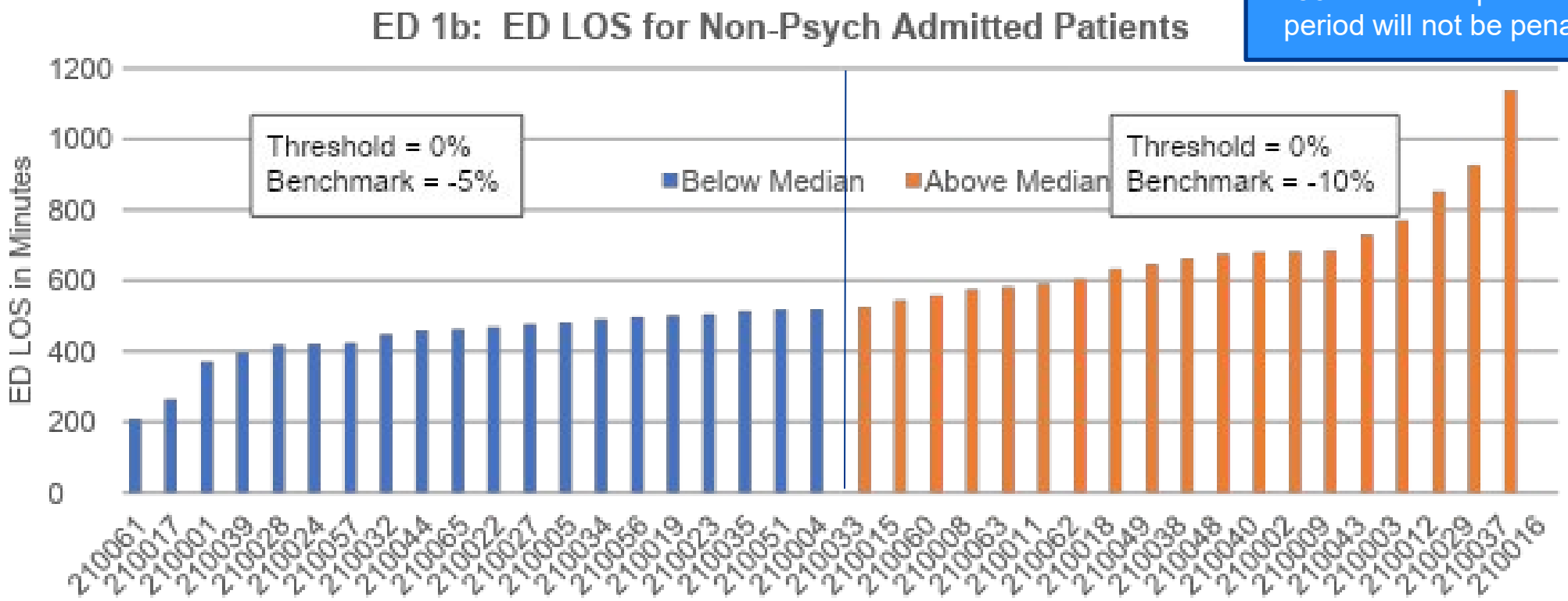
Scores are summed across QBR measures and weighted to get total hospital score

QBR Revenue Adjustment Scale

Abbreviated Pre-Set Scale	QBR Score	Financial Adjustment
Max Penalty	0%	-2.00%
	10%	-1.51%
	20%	-1.02%
	30%	-0.54%
Penalty/Reward Cutpoint	41%	0.00%
	50%	0.46%
	60%	0.97%
	70%	1.49%
Max Reward	80%+	2.00%

Current Proposal

New! Hospitals beneath the 2018 ED1b National median of 256 minutes in performance period will not be penalized



Net change in $ with EDDIE proxy vs. No ED

$104,344	$79,129	$189,153	-$205,250	$422,442	$765,717	-$128,418	-$108,678	-$203,916	$127,060	-$249,947	-$76,092	$1,074,354	$517,700	-$95,749	$1,048,810	-$424,056	-$59,016	$688,044	$39,741	-$78,684	$913,670	$110,749	$867,077	-$336,309	-$140,066	$176,829	$390,751	-$100,562	$248,156	-$149,850	$676,050	-$567,781	$1,362,173	$65,292	$451,207	$1,855,384	-$364,138	$59,966	$925,307
-3.37%	-6.06%	-2.16%	3.53%	-9.33%	-3.81%	10.64%	5.58%	2.18%	-1.73%	0.85%	-0.21%	-14.35%	-14.05%	6.24%	-4.19%	6.93%	0.39%	-19.88%	-0.19%	12.36%	-7.54%	-5.73%	-19.48%	5.15%	5.58%	-1.66%	-26.44%	25.46%	-6.50%	13.19%	-12.06%	-1.03%	-4.66%	-1.51%	-4.55%	-8.09%	12.18%	-1.32%	-17.74%

June 23 -June 24 Rolling 12 month improvement

CY25 Recommendations to Consider

- Staff is proposing the following for subgroup input:
  - Include ED1b in QBR PCE Domain at 10 percent of QBR (same weight)
  - Maintain improvement
  - Develop risk-adjusted ED LOS measure for attainment to be monitored or retrospectively adopted
  - Set improvement standards based on Statewide Improvement Goal established by ED Wait Time Reduction Commission
    - Base year: Cumulative improvement from 2023 vs. Year over Year improvement.
    - Tiers: Recommend if improvement only
  - Consider treating observation stays (23+ hrs?) as inpatient admissions
  - Other inclusion/exclusion criteria?

QBR TFU Measure Updates for CY 2025

Timely Follow Up After an Acute Exacerbation of a Chronic Condition (TFU)- RY 2023-2026

The TFU measure assesses the percentage of ED visits, observation stays, and inpatient admissions for one of six chronic conditions in which a follow-up was received within the time frame recommended by clinical practice:

- Hypertension (follow-up within 7 days)
- Asthma (follow-up within 14 days)
- Congestive Heart failure (CHF)(follow-up within 14 days)
- Coronary artery disease (CAD)(follow-up within 14 days)
- Chronic obstructive pulmonary disease (COPD) (follow-up within 30 days)
- Diabetes (follow-up within 30 days)

TFU Measure Update: Spring of 2024 by the Partnership for Quality Measurement

"Qualifying" follow up visits that contribute to the numerator are now defined as those for which follow-up care was received after the discharge date (i.e., not same date as discharge) within the timeframe recommended by clinical practice guidelines, as detailed below:

May impact SIHIS goal when we rerun with updated logic

Chronic Condition	Original Follow-Up Days	Revised Follow-Up Days
Hypertension	**7 days**	**14 days for high-acuity patients 30 days for medium-acuity patients**
Asthma	14 days	14 days
Congestive Heart Failure	14 days	14 days
Coronary Artery Disease	**14 days**	**7 days for high-acuity patients 6 weeks for low-acuity patients**
Chronic Obstructive Pulmonary Disorder	30 days	30 days
Diabetes	**30 days**	**14 days of the date of discharge for high-acuity patients**

ED Best Practice Incentive Update

ED Best Practices Incentive Policy Development

Draft Policy November 2024
Final Policy January 2025

Commission leadership directive: Identify 3-5 best practice measures that will constitute a +/- 1% revenue at risk program for CY 2025 performance.

Policy Goal:

- Develop structural or process measures that will address systematically longer ED length of stay (LOS) in the State.
- Promote adoption of hospital best practices by providing GBR financial incentives.
- Align hospital initiatives with the goals of the ED Wait Time Reduction Commission.

Subgroup Purpose:

1. **Develop a set of hospital best practices and scoring criteria to improve overall hospital throughput and reduce ED length of stay**
2. Advise on revenue at-risk and scaled financial incentives
3. Provide input on data collection and auditing

Real Opportunity for Paradigm Shift

ED Commission State Initiatives

Primary Care

Post-Acute Care

Hospital Initiatives

Reducing the number of people who need the ED

Improving throughput within the hospital

Improving the hospital discharge process and post-ED community resources

Structure + Process = Outcomes

Access

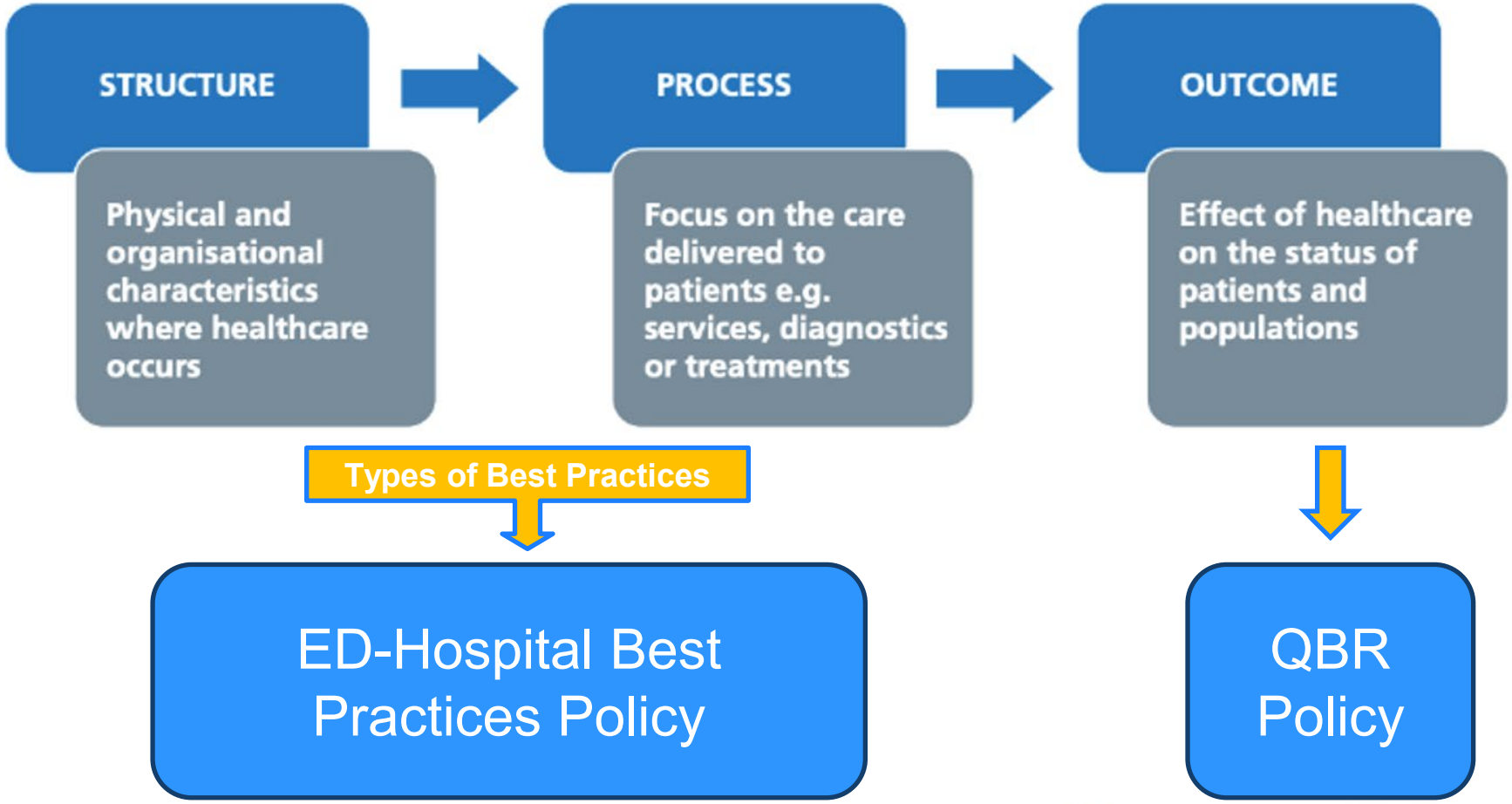
Capacity

Behavioral Health

Population Health

Health Equity

The Donabedian Model for Quality of Care



ED-Hospital Best Practices

- **Subgroup 2 Members submitted Best Practice recommendations prior to 9/27 meeting**
- **9/27 Meeting**
  - Discussed a model with a drop-down menu of measures, each hospital selects a certain number
  - Recommendation list reviewed
  - Discussed the need for clear definitions, parameters and targets
- **Subgroup 2 Members were asked to send their "Top Recommendations" from complete list by 10/4**
- **Top Recommendation List compiled and shared with Subgroup for further discussion**
  - HSCRC and Hospital Members attended AHRQ Webinar on ED Boarding on 10/8
  - During 10/11 meeting subgroup determined the drop down menu would have 6 choices with an expectation that each hospital select 3 of the 6.
  - 4 of the 6 top best practices were selected, the two remaining best practices are still in discussion
- **Next meeting on 11/1**
  - Finalize 6 Best Practice Options
  - Begin further defining measures and tiers
  - Revenue at Risk Discussion, "ramp up" model

Examples of Best Practices In Review

1. Implement/Optimize Bed Capacity Alert Process

1. Implement/Optimize Interdisciplinary Rounds

1. Patient Flow/Performance Improvement Throughput Council with Leadership Accountability

1. Standardized Daily or Shift Huddles

Example of Tiered Best Practice Measure

Bed capacity Alert System–this is just an example, tiers have not been finalized

Tier 1 equals x points

- Alert triggers notification to inpatient leadership team
- Surge plans triggered
- Leadership huddles occur at set times during the day

Tier 2 equals xx points

- Additional Alert triggers notification to outpatient areas (primary care, local SNF)

Tier 3 equals xxx points

- If applicable as part of a system, utilize bed capacity within system to facilitate transfers as appropriate

Readmission Reduction Incentive Program
RY 2027 Policy Discussion

RY 2027 RRIP Topics for Discussion

- Addition of observation revisits to the RRIP measure
  - CMMI questions on of observation in Maryland
  - Observation impact on readmission rates
    - Observation stays as readmissions only vs. index and readmissions
- Measurement of Improvement
  - Current improvement target uses CY 2022 as base for three years
  - Should we consider moving base year forward or using multiple years?
- Out of State transfers
  - Hospitals transferring cases outside state and then returning patient to community hospital are flagged with readmission

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Analysis of Unadjusted Readmission Rates Including Observation Stays

Analysis of unadjusted readmission rates including observation stays

Maryland has a relatively high rate of observation stays

- Currently, Maryland hospitals' readmissions rates are based on inpatient stays only and are not impacted by observation stays

- The HSCRC is examining how Maryland hospitals' readmissions rates would be affected by including observations stays in the following ways:

  Scenario 1) Observation stays can be readmissions (but not index admissions)

  Scenario 2) Observation stays can be both index admissions and readmissions

Readmissions with Inpatient Index Stays: Including and Excluding Observation Stays

Fiscal Year	Inpatient Stays	Observation Stays	Readmits (IP Stays Only)	% Readmission (IP Stays Only)	Readmits (Including Obs)	% Readmission (Including Obs)
2021	528,555	138,670	50,476	9.5%	59,752	11.3%
2022	524,944	140,952	50,157	9.6%	59,089	11.3%
2023	528,762	149,628	51,755	9.8%	61,207	11.6%
2024*	538,477	133,964**	52,295	9.7%	60,768**	11.3%**

*Fiscal year 2024 does not include last month of runout data for calculating readmissions within 30 days

**APR-DRG based exclusions not applied to observation stays because observation stay claims do not have APR-DRG yet

Readmissions Including Inpatient and Observation Stays as Index and Readmission

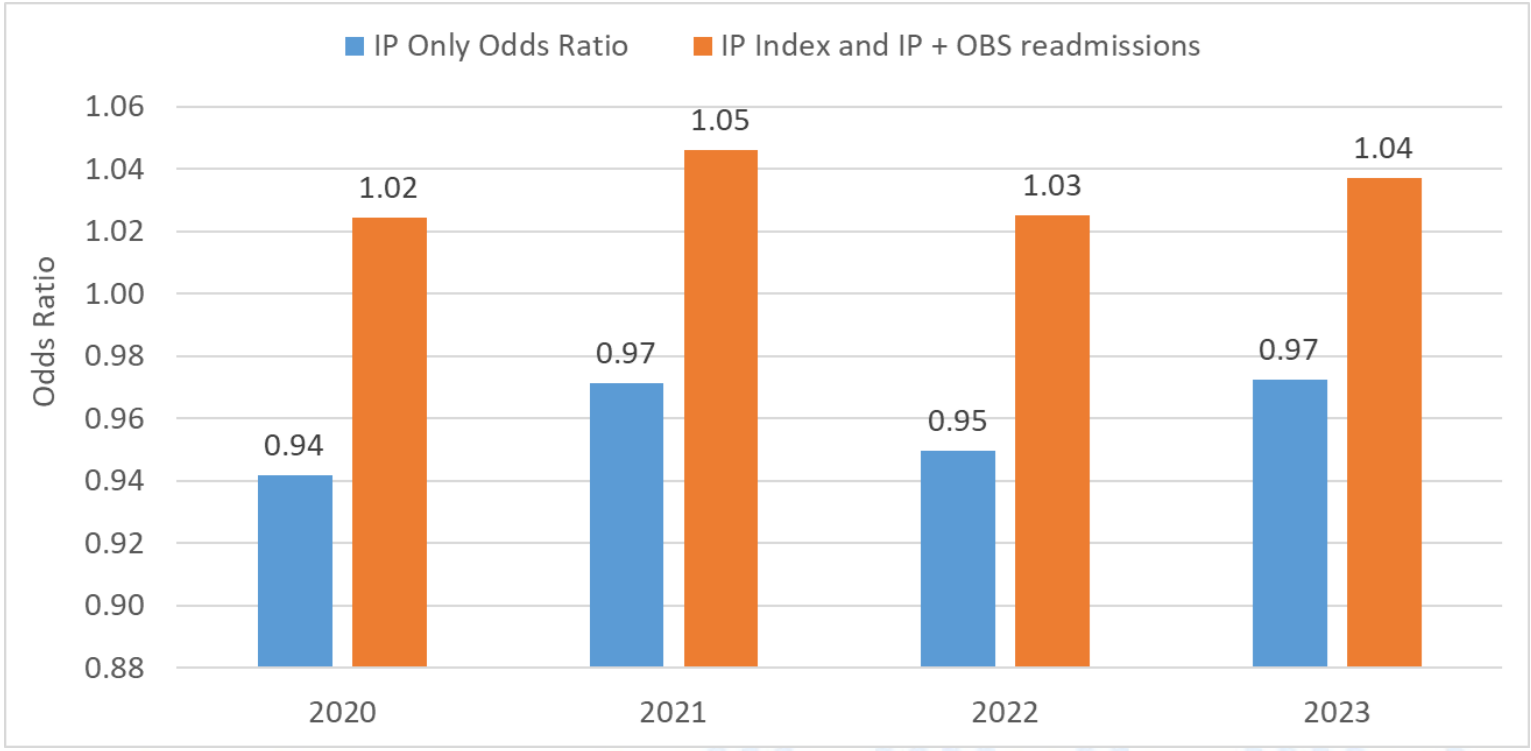
Fiscal Year	Inpatient Stays	Observation Stays	Total Stays (IP and OBS)	Readmissions (Including Obs)	% Readmission (Including Obs)
2021	528,555	138,670	667,225	76,767	11.5%
2022	524,944	140,952	665,896	75,336	11.3%
2023	528,762	149,628	678,390	78,439	11.6%
2024*	538,477	133,964**	672,441**	76,321	11.3%**

*Fiscal year 2024 does not include last month of runout data for calculating readmissions within 30 days

**APR-DRG based exclusions not applied to observation stays because observation stay claims do not have APR-DRG yet

Risk-Adjusted Medicare FFS Readmissions (HSCRC CCW analysis)

- HSCRC analysis of Medicare FFS readmissions risk for Maryland and the nation controlling for age, sex, Major Diagnostic Category (MDC), and comorbidities (using Elixhauser Comorbidity Index



Observation Stays Next Steps

- Calculate risk-adjusted all-payer readmission rates with observation stays included
- Model RRIP results with observation stays included
- Considerations:
  - Addition of observation as index requires risk-adjustment variables
  - Length of observation stays and ED revisits
  - Understanding types of diagnoses associated with observation stays
  - Review NCQA readmission measure that includes index observation stays
- Testing disparity methodology with observation stays

Improvement Measurement

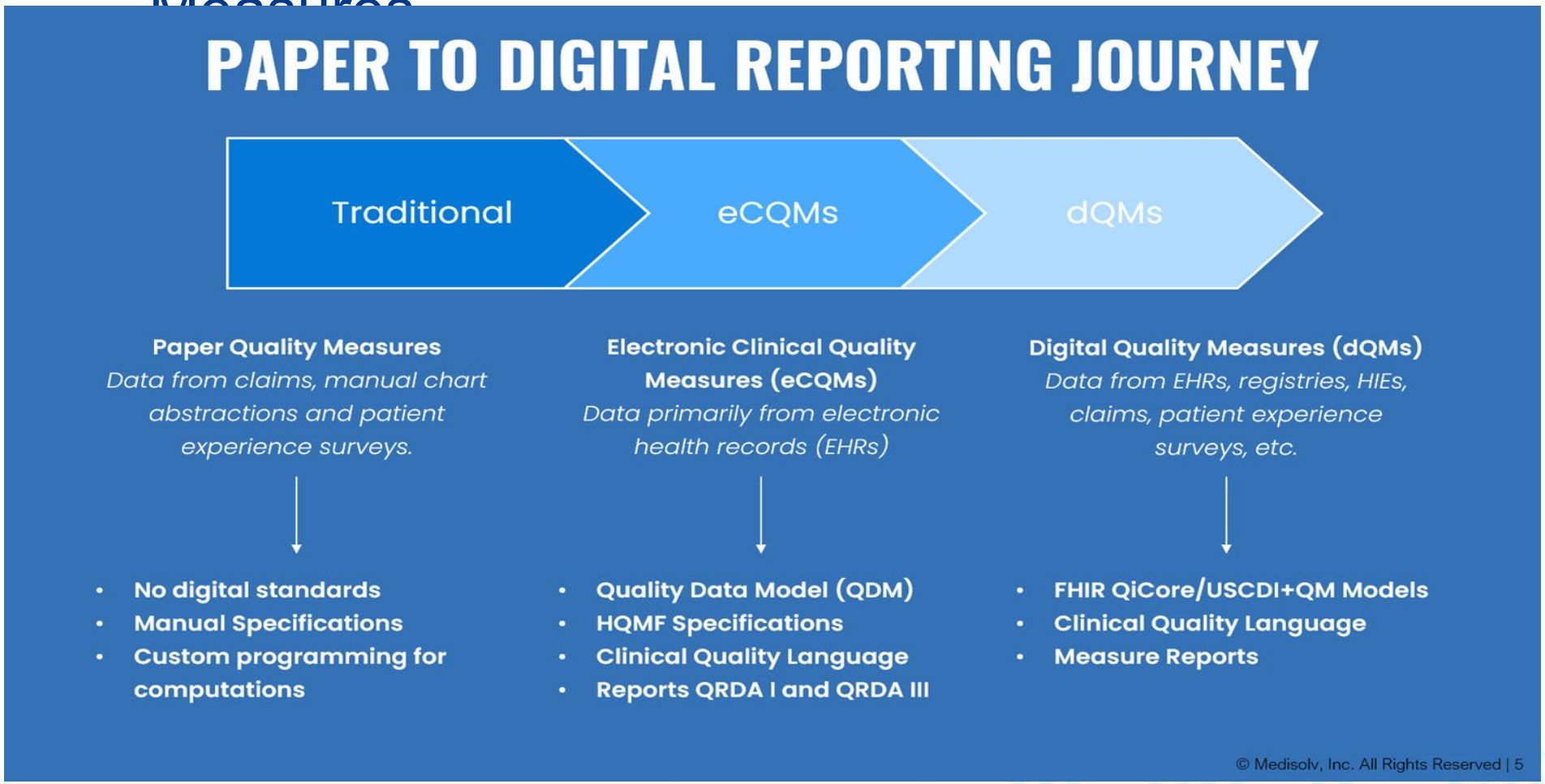
- RY 2026 RRIP policy established a 4-year improvement target of 5 percent from CY 2022
  - CY2022-CY2024 improvement threshold: 2.53%
  - CY2022-CY2025 improvement threshold: 3.78%
- Historically, RRIP has measured cumulative improvement from fixed base (i.e., 2013 or 2018) to current year vs. year over year improvement
  - Some hospitals have expressed concern that single year, fixed base may advantage or disadvantage some hospitals over multiple years
  - Other hospitals have expressed concerns over annual improvement goals
- Staff will analyze the impact of 1-year fixed, multi-year fixed, and 1-year moving base period and present at November PMWG

Out of State Transfers

- Hospitals have raised concerns over increasingly needing to send patients out of state for care
  - Within Maryland, if a patient is transferred to another hospital the initial admission is not eligible for readmission (i.e., the second hospital would be accountable for readmission)
  - When patients are transferred out of state, the subsequent admission is not captured in case-mix and if the patient is then returned to first hospital it looks like a readmission
    - Similar issue addressed for rehabilitation
- Transfers determined by dates and not discharge disposition
  - CMS also uses dates and not discharge disposition for HWR measure
  - Can test differences between using dates and discharge disposition, and extent of the issue using Medicare FFS data

Digital Measures Update

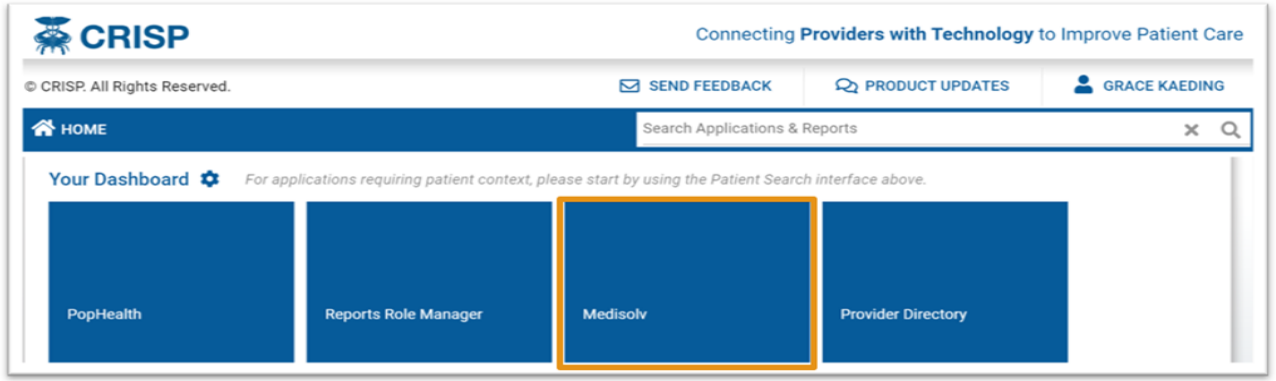
CMS is Driving Development and Use of Digital Quality Measures to Replace Claims-Based and Chart Abstracted Measures



- Maryland Statewide Digital Measure Reporting Infrastructure: I**mportant** to Achieving Maryland's Quality Goals
  - In June 2022, Maryland became the first state in the country to successfully begin receiving STATEWIDE eCQM data from Maryland hospitals and subsequently HWR HWM Hybrid measures

HSCRC is Working with Partners CRISP and Medisolv (Subcontractor to CRISP) to Implement Digital Measures Reporting

- Hospitals are required to submit quality performance data on a quarterly basis through the Medisolv Submission Portal (MSP). Hospitals also have access to preliminary submission data through the Encor-E application and finalized submitted data in the Platform application. MSP, Encor-E and Platform can all be accessed through CRISP's HIE Portal (portal.crisphealth.org) in the 'Medisolv' card.
  - If you cannot access HIE Portal, please contact support@crisphealth.org



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CMS eCQM Reporting CY 2025-CY 2027

Reporting Period/ Payment Determination	Total Number of eCQMs Reported	eCQMs Required to be Reported
CY 2024/FY 2026 and CY 2025/FY 2027	6	Three self-selected eCQMs; *and* Safe Use of Opioids - Concurrent Prescribing eCQM; *and* Cesarean Birth eCQM; and Severe Obstetric Complications eCQM
CY 2026/FY 2028	8	Three self-selected eCQMs; *and* Safe Use of Opioids - Concurrent Prescribing eCQM; *and* Cesarean Birth eCQM; and Severe Obstetric Complications eCQM; *and* Hospital Harm - Severe Hyperglycemia eCQM; *and* Hospital Harm - Severe Hypoglycemia eCQM
CY 2027/FY 2029	9	Three self-selected eCQMs; *and* Safe Use of Opioids - Concurrent Prescribing eCQM; *and* Cesarean Birth eCQM; and Severe Obstetric Complications eCQM; *and* Hospital Harm - Severe Hyperglycemia eCQM; *and* Hospital Harm - Severe Hypoglycemia eCQM; *and* Hospital Harm - Opioid-Related Adverse Events eCQM

HSCRC CY 2025 Reporting Requirements for eCQM Measures Unchanged from CY 2024; hospitals Must also choose two Self-selected Measures

Title	Short Name	CMS eCQM ID	CBE* #	2024	2025	HSCRC
Anticoagulation Therapy for Atrial Fibrillation/Flutter	STK-3	CMS71v13	N/A	X	X	Self-selected
Antithrombotic Therapy By End of Hospital Day 2	STK-5	CMS72v12	N/A	X	X	Self-selected
Cesarean Birth	PC-02	CMS334v5	0471e	X	X	Required
Discharged on Antithrombotic Therapy	STK-2	CMS104v12	N/A	X	X	Self-selected
Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults (Facility IQR)	IP-ExRad	CMS1074v2	3663e		X	Self-selected
Global Malnutrition Composite Score	GMCS	CMS986v2	3592e	X	X	Self-selected
Hospital Harm - Acute Kidney Injury	HH-AKI	CMS832v2	3713e		X	Self-selected
Hospital Harm - Opioid-Related Adverse Events	HH-ORAE	CMS819v2	3501e	X	X	Self-selected
Hospital Harm - Pressure Injury	HH-PI	CMS826v2	3498e		X	Self-selected
Hospital Harm - Severe Hyperglycemia	HH-Hyper	CMS871v3	3533e	X	X	Required
Hospital Harm - Severe Hypoglycemia	HH-Hypo	CMS816v3	3503e	X	X	Required
ICU Venous Thromboembolism Prophylaxis	VTE-2	CMS190v12	N/A	X	X	Self-selected
Safe Use of Opioids - Concurrent Prescribing	Safe use of opioids	CMS506v6	3316e	X	X	Required
Severe Obstetric Complications	PC-07	CMS1028v2	N/A	X	X	Required
Venous Thromboembolism Prophylaxis	VTE-1	CMS108v12	N/A	X	X	Self-selected

*Verify active CBE endorsement on the CMS certified consensus-based entity's PQM website
Source: https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=1&globalyearfilter=2024&global_measure_group=3716

Maryland All-Payer Reporting is Expanded to Hospital Wide Readmission (HWR) and Hospital Wide Mortality Hybrid Measures

- HSCRC requires hospitals to submit CCDE for the HWR and HWM hybrid measures **on patients from all payers > 17 years of age** using HSCRC specifications starting July 1, 2024;
  - For the first 6 months of the performance period (July-December 2024), reporting begins in January 2025, and then quarterly thereafter for the January-June 2025 time period
  - For additional technical information regarding the Hybrid Measures CCDE submission requirements, HSCRC, CRISP and Medisolv conducted and recorded a webinar on February 6, 2024, that is posted to the CRISP eCQM webpage (click on “Webinar” in the top bar of the page).
- ***CCDE Data Completeness***
  - Consistent with the CMS requirements:
    - At least 95 percent of encounters must have all seven (7) linking variables documented and included in the QRDA files; these include first name, last name, DOB, street address, city, state, zip code;
    - At least 90 percent of encounters must have all required labs results within specification logic timing requirements and included in the QRDA files; and
    - At least 90 percent of encounters must have all required vital signs documented within specification logic timing requirements and included in the QRDA files.
  - **The Commission will reevaluate data completeness standards as all-payer CCDE is received and analyzed**

Proposed eCQM and Hybrid Measures Submission Timelines

eCQM CY 2025 Performance Period Submission Windows*

	Q1	2025 data	Open:	7/15/2025	
Close:	9/30/2025				
	Q2	2025 data	Open:	7/15/2025	Close: 9/30/2025
	Q3	2025 data	Open:	10/15/2025	Close: 12/30/2025
CMS Timeline:	Q4	2025 data	Open:	1/15/2026	Close: 3/31/2026

Hybrid Measures CCDE July 1, 2024 -June 30, 2025, Performance Submission Windows*

	Q3	2024 data	Open:	1/15/2025	Close: 3/31/2025
	Q4	2024 data	Open:	1/15/2025	Close: 3/31/2025
	Q1	2025 data	Open:	4/15/2025	Close: 6/30/2025
CMS Timeline:	Q2	2025 data	Open:	7/15/2025	Close: 9/30/2025

***Note: for CY 2023-2024 reporting, HSCRC granted Exceptional Circumstances Exemption requests for submission timeline adjustments more aligned with CMS requirements**

Digital Measures Reporting Going Forward

- For hospitals unable to comply with the data submission requirements (including the timelines) for reasons beyond their control, they must submit an Extraordinary Circumstance Exception (ECE) request in accordance with the Maryland Hospital Extraordinary Circumstances Exception (ECE) Policy for HSCRC consideration. [1]
- If a hospital is found non-compliant with reporting requirements, they may be subject to corrective action, including one-time Global Budget Revenue adjustments and/or penalties under the performance-based payment programs.[2]
- Although the Commission has been flexible with granting ECE requests in the initial reporting periods, going forward, reporting compliance will be more strictly evaluated and enforced.

[1] Maryland 'uses CMS' guidance on ECE consideration. Per CMS guidance, "Such circumstances may include, but are not limited to, natural disasters (such as a hurricane or flood) or systemic problems with CMS' data collection systems that directly affected the ability of facilities to submit data."

[2] Pursuant to regulation, COMAR 10.37.01.03R, which states that any "required report submitted to the Commission which is substantially incomplete or inaccurate may not be considered timely filed", HSCRC considers inaccurate or incomplete quality or case mix data not to be timely filed. Further, under this regulation, any hospital that does not file a report due under HSCRC law or regulation is liable for a fine of up to $1,000 for each day the filing of the report is delayed.

- HSCRC will Continue to investigate measure options/limitations
- HSCRC will work with stakeholders to determine needed modifications/resources for "all-payer" measures/implementation
- HSCRC will work with auditing contractor or MHCC to design and implement eCQM measure auditing, public reporting

For detailed information and updates: CRISP HSCRC Digital Measures Webpage

RY 2025 Performance and Revenue Adjustments*

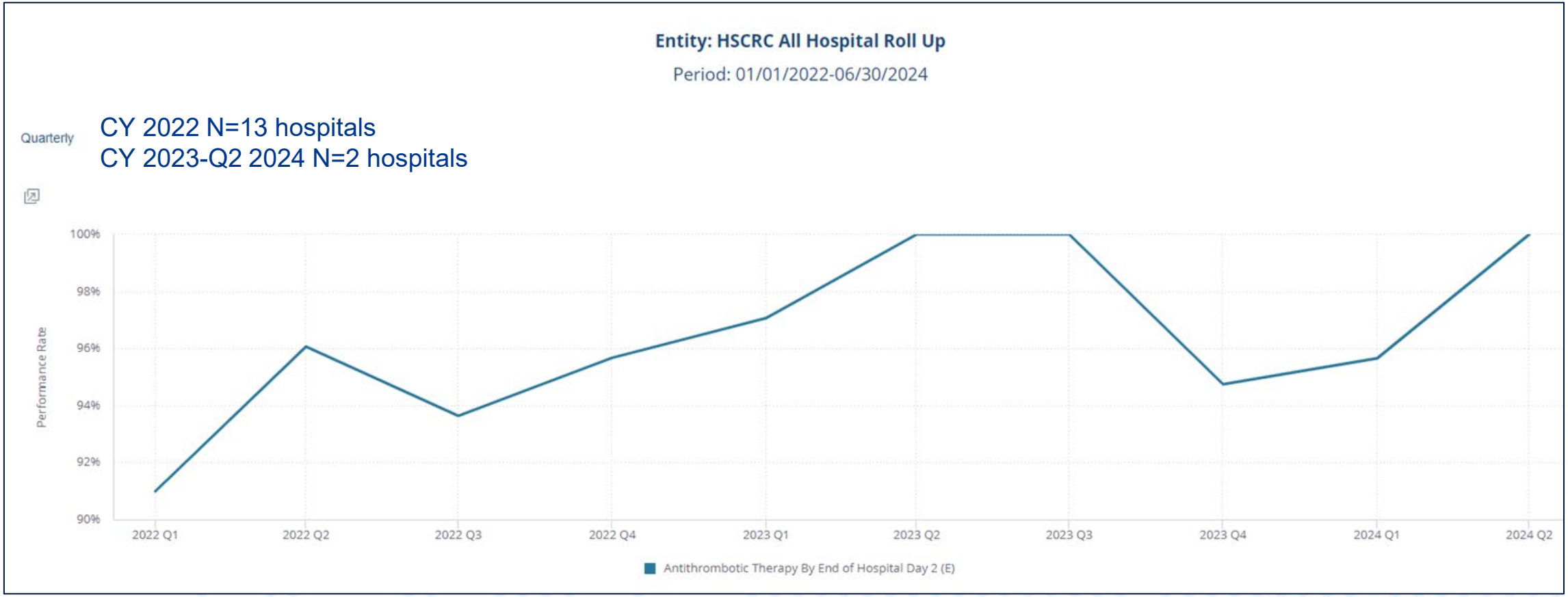
RY 2025 Quality Revenue Adjustments Summary

- MHAC
  - 26 hospitals received rewards; 8 performed in the hold harmless zone; 9 received penalties
  - State Net Total: ~$39k
- RRIP
  - 20 hospitals rewarded; 24 hospitals penalized
  - State Net Total: ~$14k
- RRIP-Disparity Gap
  - 20 hospitals saw a reduction in their disparities in readmissions; 2 received rewards
  - Total Rewards: ~1.8k
- QBR with 41% cutpoint
  - 36 hospitals to receive a penalty; 5 hospitals to receive a reward
  - State Net Total: ~($64k)

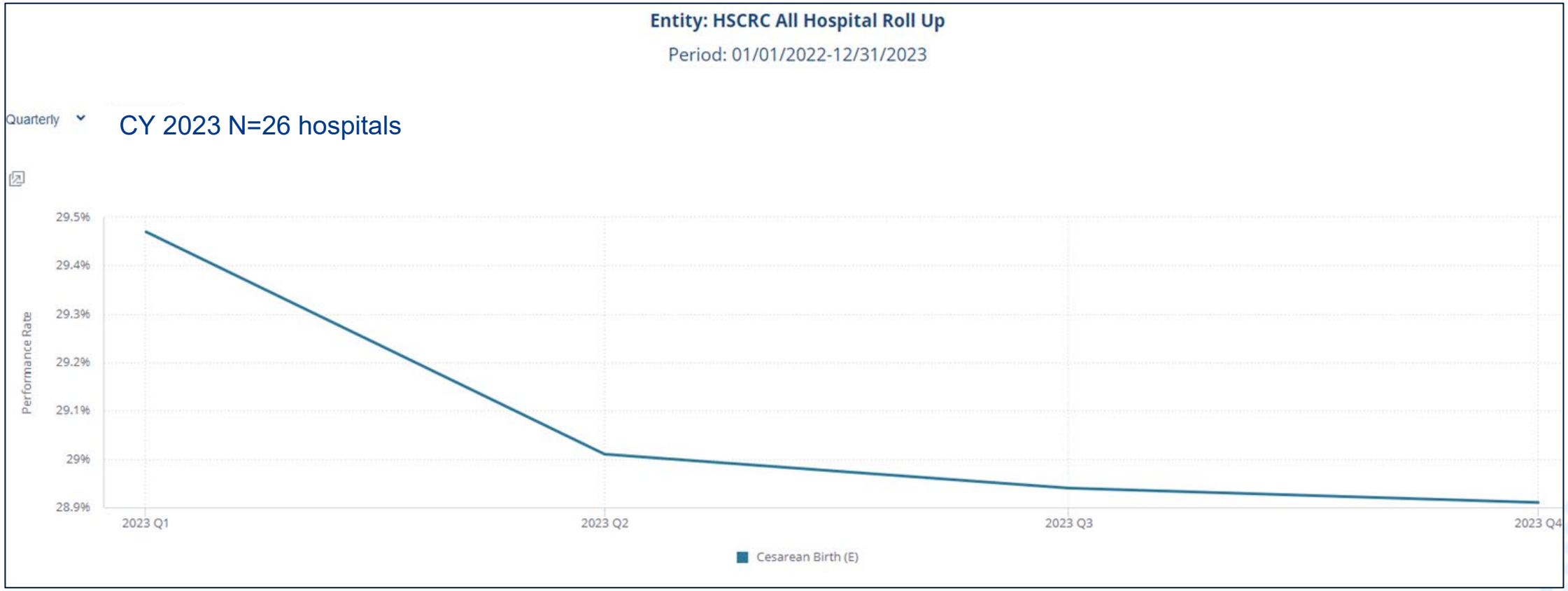
Inpatient Diabetes Screening Project Update

Selected Digital Measures Trends

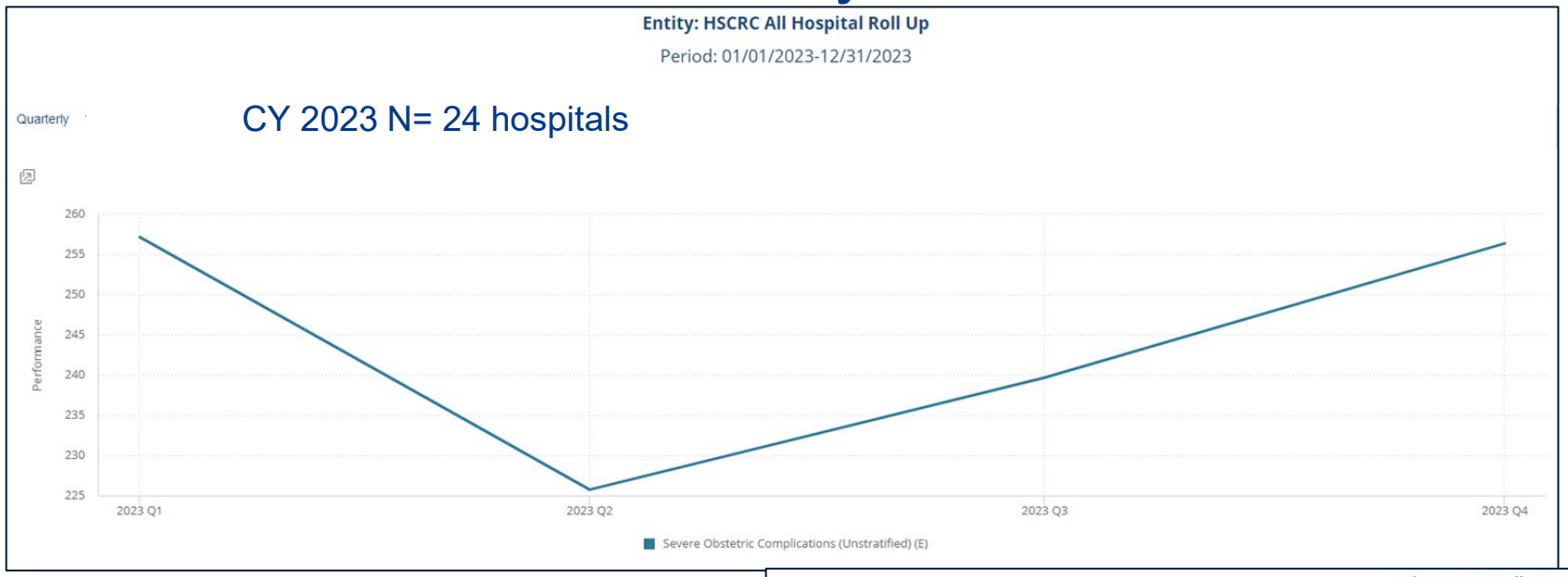
Antithrombotic Therapy by end of Hospital Day 2 Trend

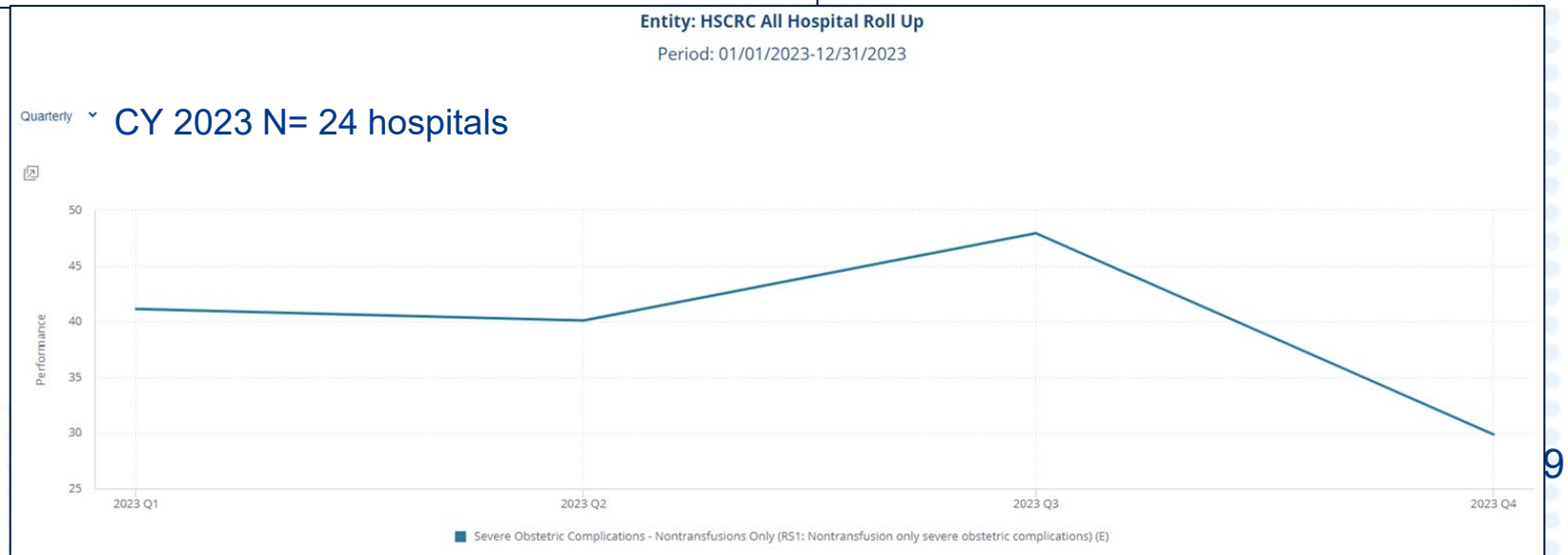


Cesarean Birth Trend

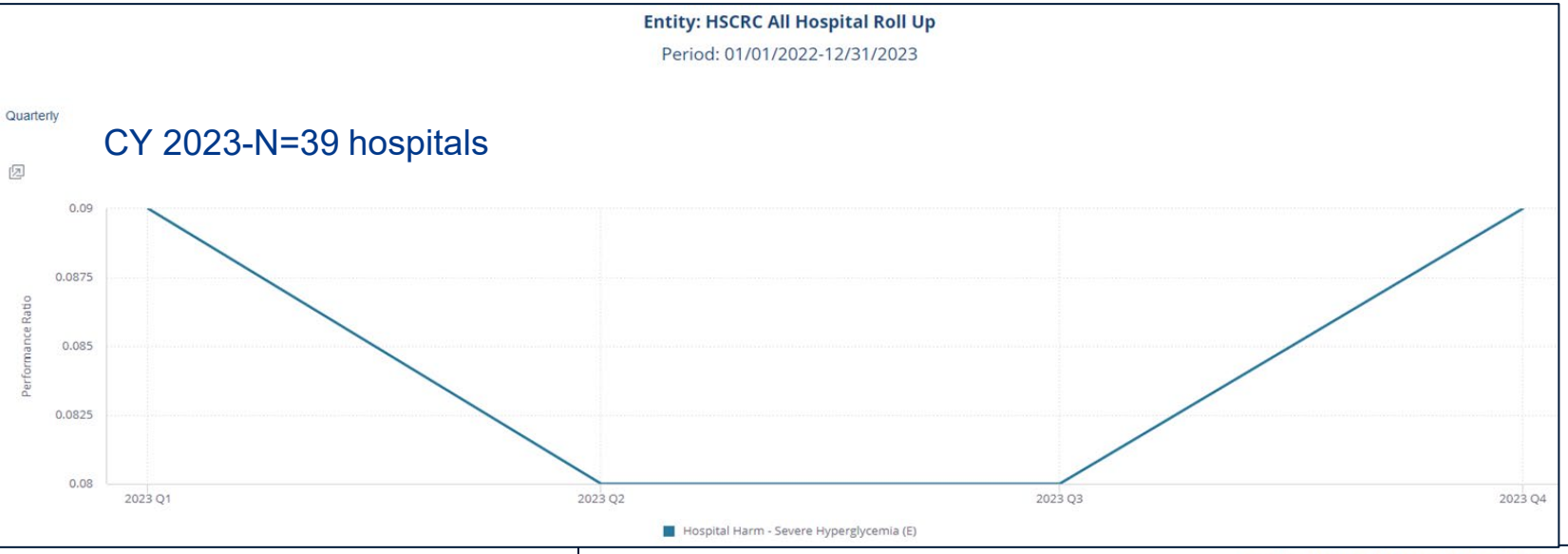


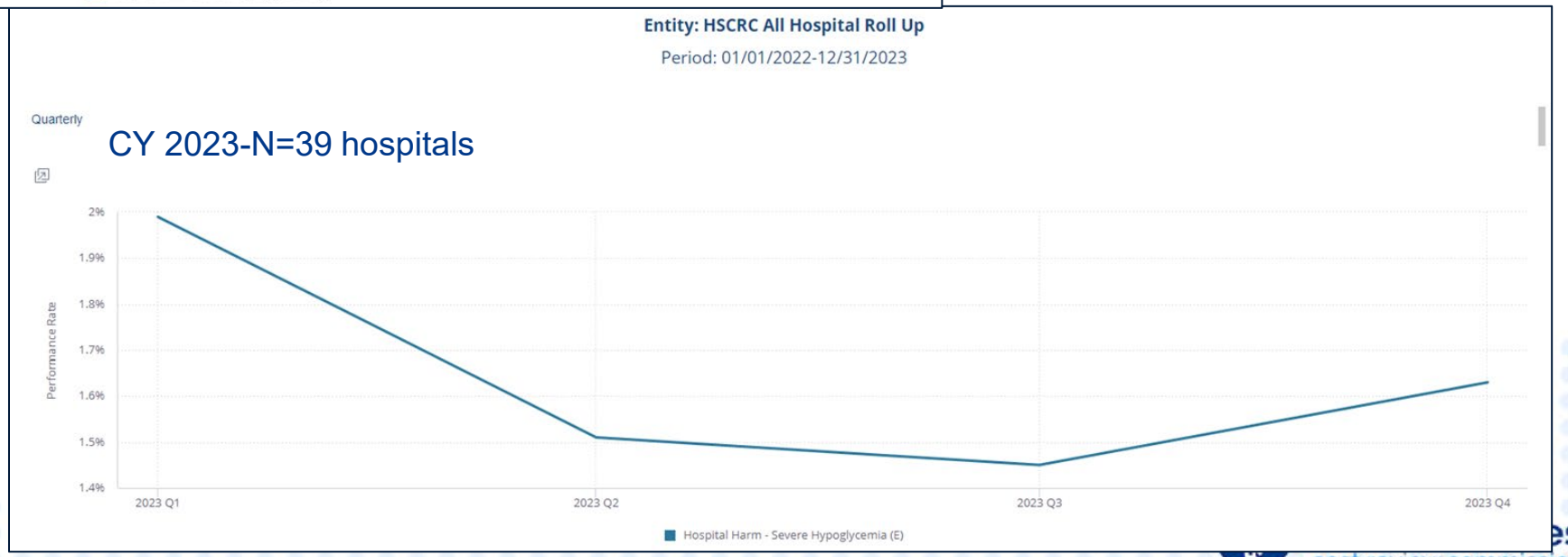
Unadjusted Severe Obstetric Complications Unstratified and Non-transfusions Only Trends



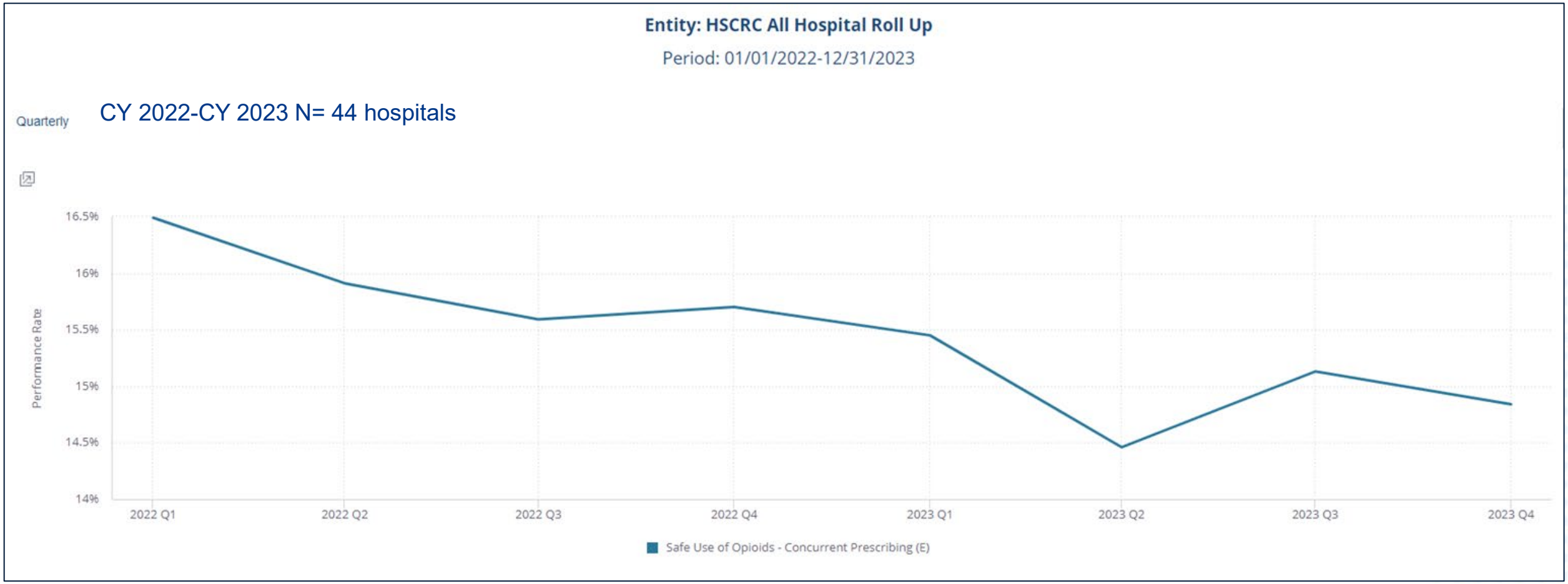


Hospital Harm- Severe Hyperglycemia and Hypoglycemia Trends





Safe Use of Opioids-Concurrent Prescribing Trend



maryland health services cost review commission

Maryland Inpatient Diabetes Screening Pilot Program

Jason Mazique, Geoff Dougherty

October 2024

Introduction

- CMMI required staff to develop one or more measures to enhance hospital accountability for population health progress
- After a series of subgroup meetings in CY22, staff recommended monitoring diabetes screening for ED patients
- JHHS/MedStar/UMMS recommended focusing measure on inpatients due to concerns about ED throughput and followup
- Staff proposed IP screening policy in CY23
- Commission suggested running a pilot to evaluate effectiveness
- Based on success of pilot program, staff recommends reconsideration of implementation of payment policy
- Policy recommendations are unchanged from CY23

Pilot Structure

Pilot Parameters & Participating Institutions

- The primary aim of the Pilot was to gauge the effectiveness of an automatic screening protocol to detect prediabetes, undiagnosed diabetes, and uncontrolled diabetes among eligible inpatients
- The secondary aim of the Pilot were to better understand the operational details, obstacles, and bottlenecks associated with inpatient screening for diabetes
- The Pilot lasted from July 1, 2024 to October 1, 2024
  - Total duration period: **92 Days**
- Participating Institutions included:
  - Garrett Regional Medical Center
  - MedStar Southern Maryland Hospital
  - MedStar Franklin Square Hospital

Patient Eligibility and Intervention

Patient Eligibility

The eligibility criteria for this Pilot followed a recommended protocol established by the American Diabetes Association (ADA) for screening:

Patients 35 years of age or above without a history of Type 2 Diabetes that are missing a HbA1c result from within the past three years prior to admission as indicated by their Electronic Medical Record (EMR)

or

Patients 35 years of age or above with a history of Type 2 Diabetes that are missing a HbA1c result from within three months prior to admission as indicated by their Electronic Medical Record (EMR)

Intervention

The intervention for this pilot study includes ***a standing lab order for inpatient HbA1c testing*** that automates the process of screening eligibility.

Preliminary Results

Descriptive Statistics

Preliminary results are based on two months of data and will be updated

Number of Admitted Patients (July & August): **3646 Patients**

Number and Percentage of Patients Eligible to be Screened: **2396 Patients** (65.72%)

Total Tests Delivered: **2319 Tests**

Percentage of Eligible Inpatients Receiving Pilot HbA1c Tests: **85.56%**

Descriptive Statistics of Eligible Patients by Screening Status

	Screened		
	No	Yes	Total
N	346 (14.4%)	2,050 (85.6%)	2,396 (100.0%)
Diabetic			
No	212 (61.3%)	1,127 (55.0%)	1,339 (55.9%)
Yes	134 (38.7%)	923 (45.0%)	1,057 (44.1%)
AgeGroup			
35-49	96 (28.3%)	315 (15.7%)	411 (17.5%)
50-64	79 (23.3%)	518 (25.8%)	597 (25.5%)
65+	164 (48.4%)	1,171 (58.4%)	1,335 (57.0%)
Sex			
Female	207 (61.1%)	1,051 (52.4%)	1,258 (53.7%)
Male	132 (38.9%)	953 (47.6%)	1,085 (46.3%)
Race			
Black, Non-Hispanic	143 (42.2%)	851 (42.5%)	994 (42.4%)
Other	26 (7.7%)	103 (5.1%)	129 (5.5%)
White, Non-Hispanic	170 (50.1%)	1,050 (52.4%)	1,220 (52.1%)
MajorHospitalService			
Medicine	246 (71.1%)	1,684 (82.1%)	1,930 (80.6%)
Other	47 (13.6%)	172 (8.4%)	219 (9.1%)
Surgery	53 (15.3%)	194 (9.5%)	247 (10.3%)
CharlsonComorbidityIndex	2.104 (2.191)	2.858 (2.514)	2.749 (2.484)

Number Needed to Screen (NNS) by Diagnostic Category

Test efficacy can be measured by calculating the number of subjects screened to yield one positive test result, otherwise known as the Number Needed to Screen (NNS)

Similar public health interventions within hospital environments have yielded NNS values ranging from **670** (Opportunistic HIV Screening) to **1,100** (Pap Smear for Cervical Cancer)

- Out-of-range HbA1c Level for Eligible Inpatients
  - Based on the appropriate glycemic level for those without history of T2DM (HbA1c >= 5.7%) and for those with a history of T2DM (HbA1c >= 9.0%)
  - NNS: **6.72**
- Prediabetes (HbA1c >= 5.7% for Eligible Inpatients)
  - NNS: **5.62**
- Undiagnosed Diabetes (HbA1c >= 6.5% for Eligible Inpatients)
  - NNS: **58.9**
- Uncontrolled Diabetes (HbA1c >= 9.0% for Eligible Inpatients)
  - NNS: **8.79**

Follow Up and Average Length of Stay (ALOS)

Follow Up

- Patients who received a new diagnosis as a result of screening were directed to the appropriate follow-up care through their providers
  - This included Inpatient Medication Change/Initiation, Inpatient Education/Disease Management, and Referral for Outpatient Care
- Participating hospitals developed follow up mechanisms according to their own internal protocols and reported results via the Pilot Screening Tool to the HSCRC

Documented Follow Up by Type

	Summary
N	124
InpatientMedication	
No Documented Inpatient Medication Initiation or Change	83 (66.9%)
Received Inpatient Medication Initiation or Change	41 (33.1%)
InpatientDiseaseManagement	
No Documented Inpatient Education and Disease Management	82 (66.1%)
Received Inpatient Education and Disease Management	42 (33.9%)
OutpatientResolve	
No Documented Outpatient Resolve	72 (58.1%)
Received Outpatient Resolve	52 (41.9%)

Average Length of Stay

- Compared to a cohort of control hospitals, the HSCRC has found no evidence that the Pilot resulted in longer IP length of stay.

Major Preliminary Conclusions

- Over half (~65%) of admitted inpatients >= 35 years of age were eligible to be screened; Nearly 90% of those eligible to be screened received a Pilot HbA1c test
- Low NNS for out-of-range blood glucose levels
  - Primarily driven by prediabetes among inpatient population
- Prevalence of uncontrolled diabetes indicates a persistent issue and potential additional area for target intervention
- Through August, the Pilot had no impact on average length of inpatient stay
- Pilot partners did not report any impact on clinical operations or physician burden and highlighted the positive impacts of the Pilot on patient care

Draft Policy Updates

Potential Draft Recommendation for RY27 Policy

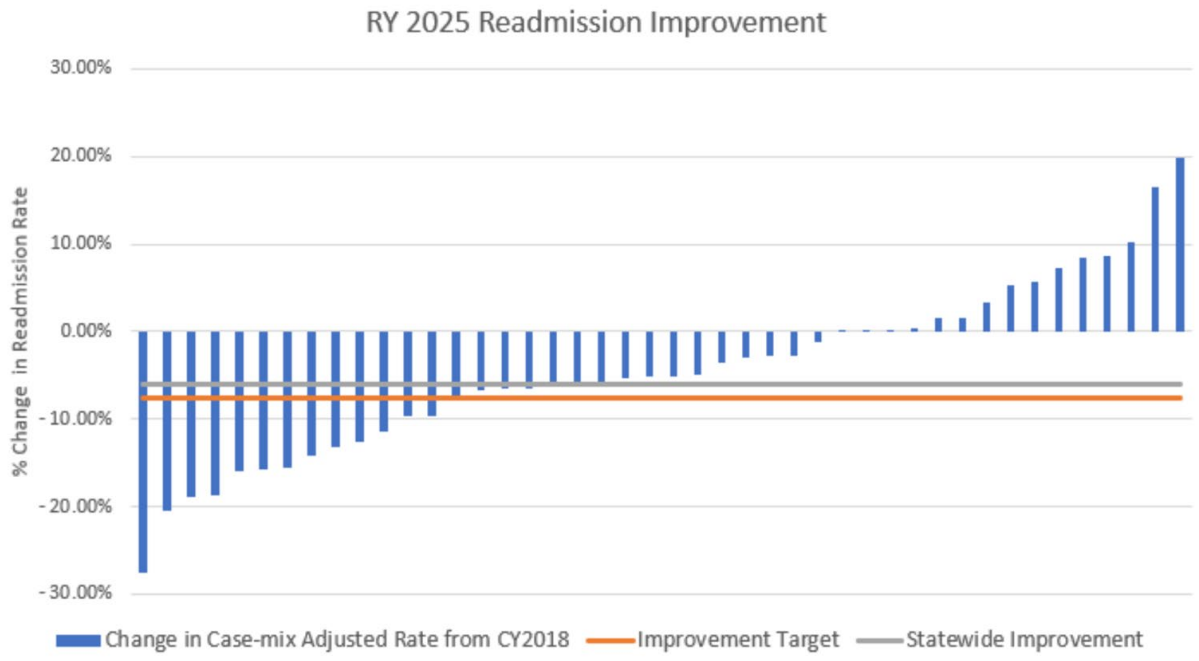
- Establish the threshold for performance reward at 40% screening prevalence, and the benchmark at 70%. Reward hospitals for screening prevalence as follows:
  - CY25 screening rate of 40-55%: 0.1% of inpatient revenue
  - CY25 screening rate of 56-70%: 0.2% of inpatient revenue
- Develop reporting on follow up for those testing positive
  - Consider requiring minimum follow up rate for screening rewards
- Ensure the screening program does not further existing disparities in diabetes detection and treatment
  - Monitor screening prevalence by race, payer, gender, Area Deprivation Index, and age group
- Ensure screening is efficacious
  - Monitor number needed to test
- Any concerns/suggestions from the PMWG?

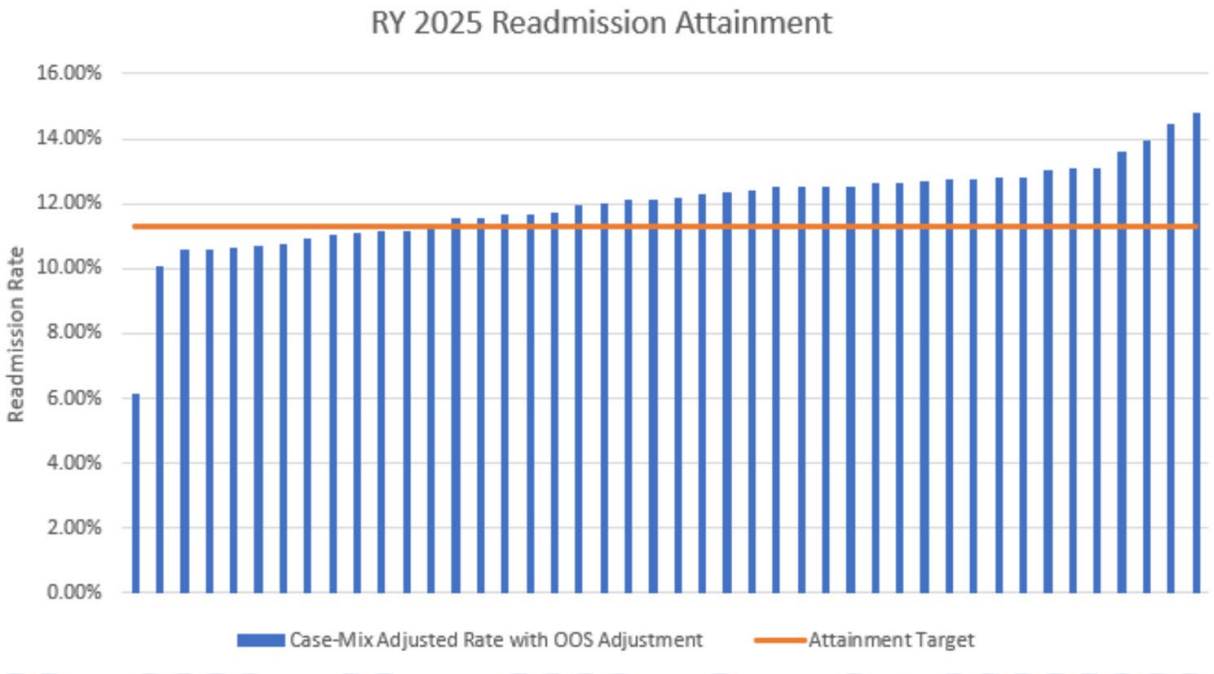
RY 2025 Performance and Revenue Adjustments*

RY 2025 RRIP Performance

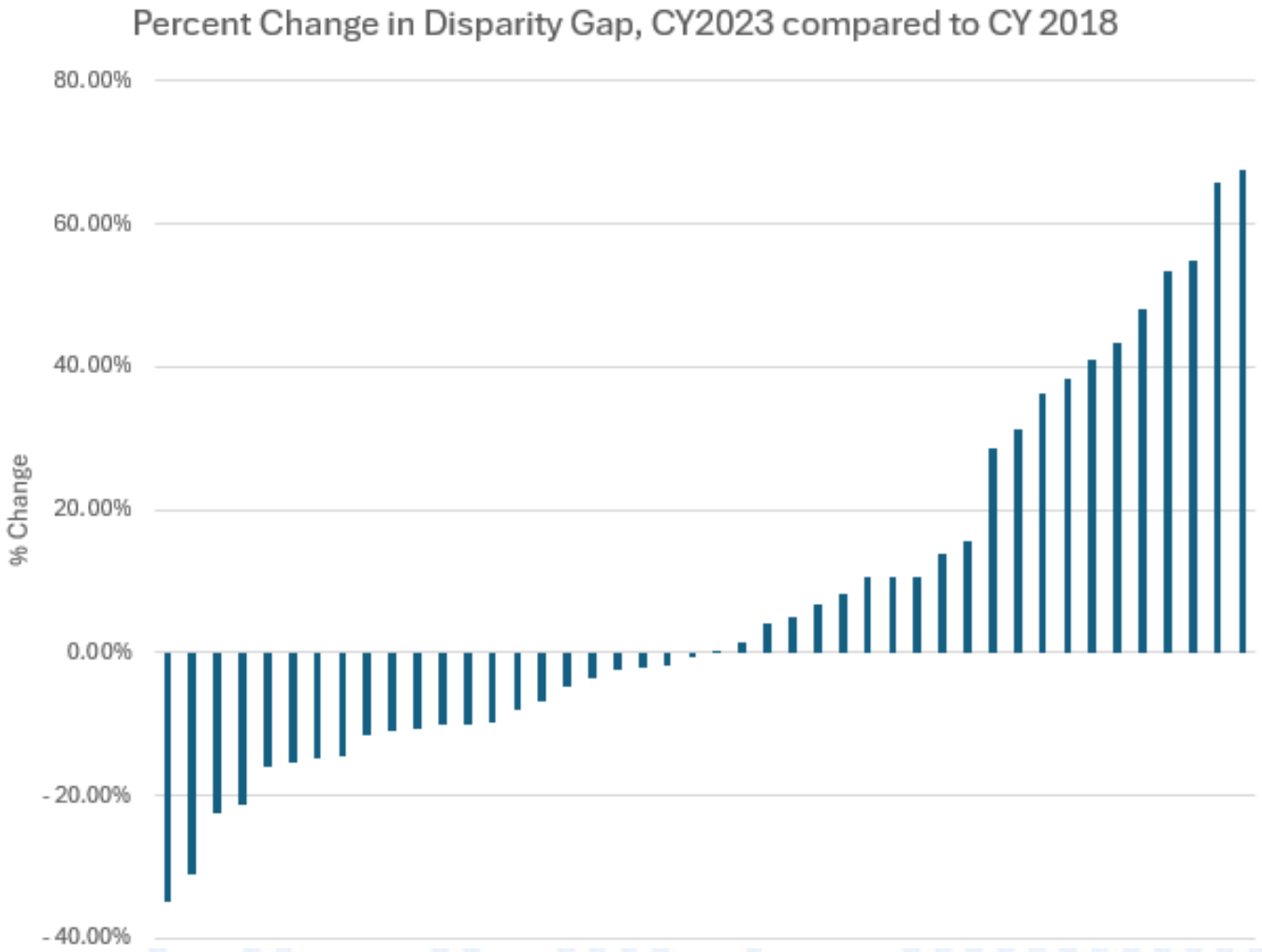
State Net Total	$14,102,128
Penalty	-$28,215,336
% IP Penalty	-0.24%
Reward	$42,317,464
% IP Reward	0.36%

- Rewards: 20 hospitals; 7 for Attainment, 13 for Improvement
- Penalties: 24 hospitals





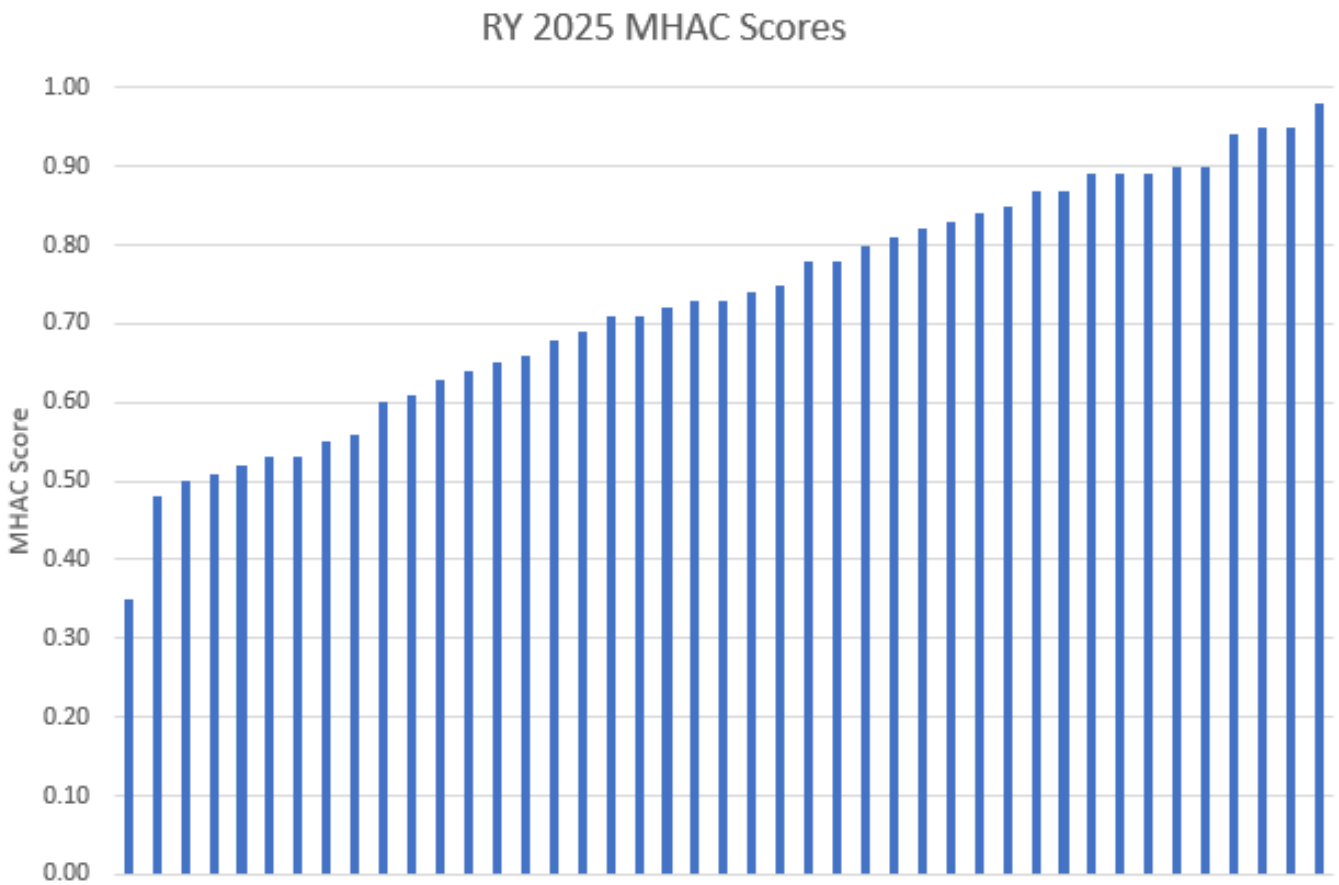
RY 2025 RRIP-Disparity Performance



State Total Rewards	$1,768,342
% IP Reward	0.015%

- 22 hospitals saw a reduction in their disparity gap in CY 2023 compared to CY 2018
- 2 hospitals received a reward for reducing their disparity gap by at least 29.29% and reducing their all-payer readmission rate

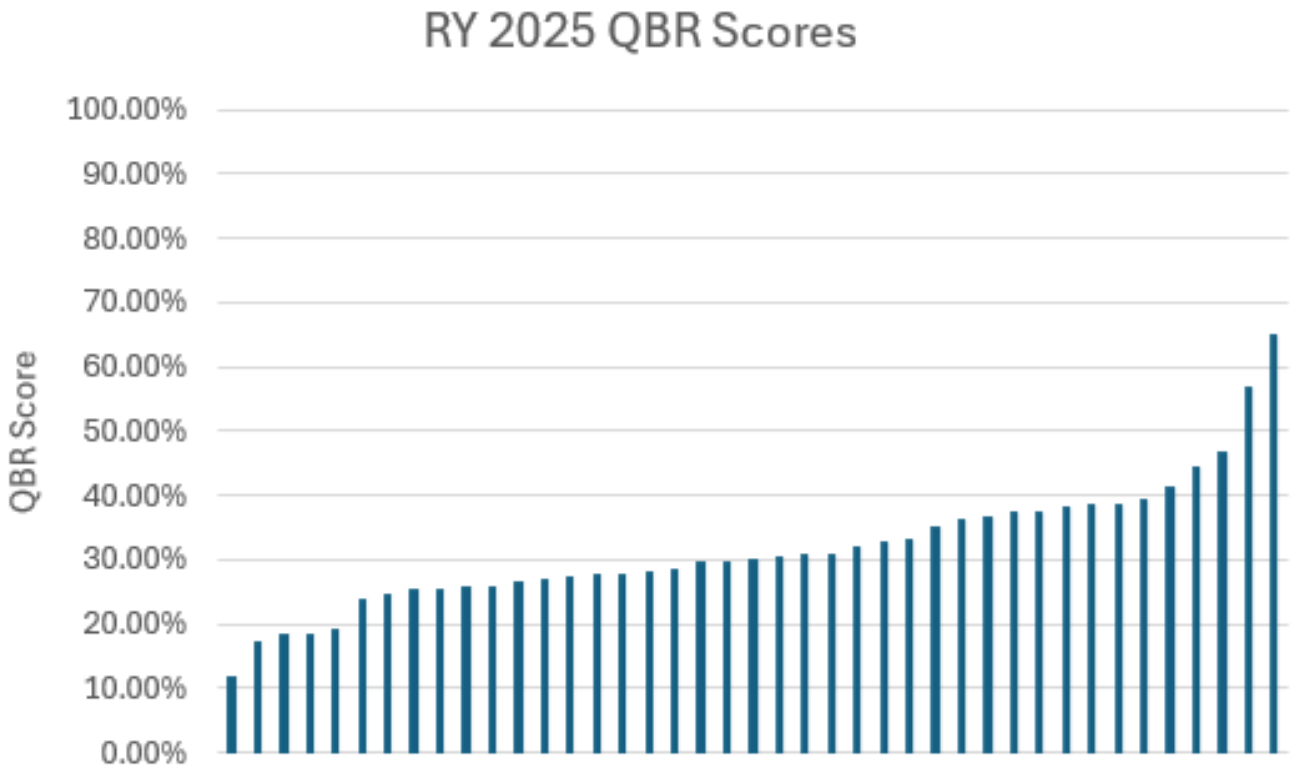
RY 2025 MHAC Performance



State Net Total	$39,309,086
Penalty	-$8,879,421
% IP Penalty	-0.08%
Reward	$48,188,507
% IP Reward	0.41%

- 26 hospitals received rewards
- 8 hospitals performed in the hold harmless zone
- 9 hospitals received penalties

RY 2025 QBR Performance



- With a 41% cutpoint
  - 36 hospitals receive penalty
  - 5 hospitals receive a reward

State Net Total	-$64,389,900
Penalty	-$65,987,875
% IP Penalty	-0.56%
Reward	$1,598,075
% IP Reward	0.0137%

QBR Revenue Adjustment Scale

- Revenue adjustment scale ranges from 0-80 percent, with rewards starting at scores >41 percent
- Reward/penalty cut-point needs to ensure hospitals in Maryland are not rewarded for performance that is below the national average
- Cut-point estimated by weighting national scores by QBR weights and calculating national average
  - RY 2024 cutpoint was reduced from 41% to 32%
- **Staff are reviewing recent data to finalize cut-point for final RY2025 revenue adjustments**

Abbreviated Pre-Set Scale	QBR Score	Financial Adjustment
Max Penalty	0%	-2.00%
	10%	-1.51%
	20%	-1.02%
	30%	-0.54%
Penalty/Reward Cutpoint	41%	0.00%
	50%	0.46%
	60%	0.97%
	70%	1.49%
Max Reward	80%+	2.00%

CY 2024 Monitoring Reports

- Excess Days in Acute Care (EDAC): Available, summary and pt level
- ED-PAU/ Multi-Visit Patients (MVP): Available, summary
- Inpatient Diabetes Screening: Available, summary

THANK YOU!

Next Meeting: Wednesday, November 20, 2024

Appendix

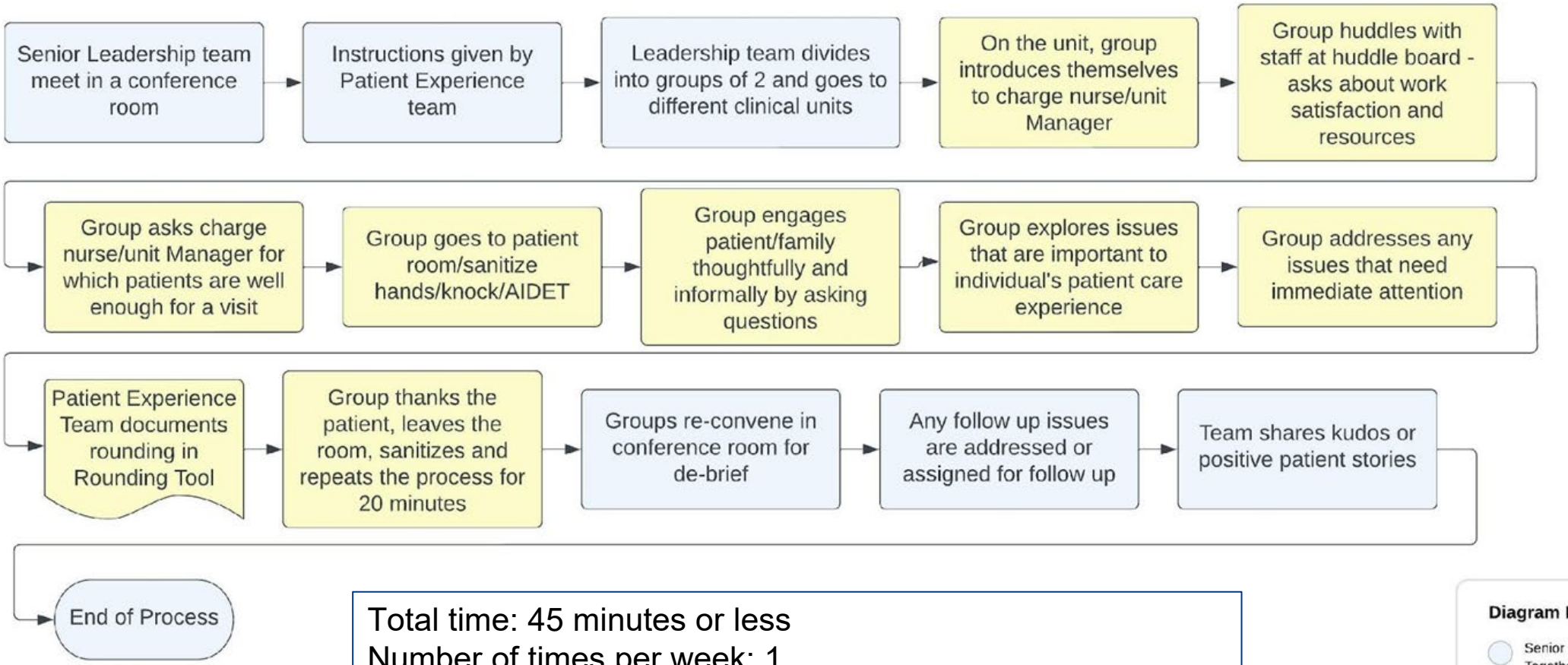
RY 2027 Policies: Main Decisions

1. Quality-Based Reimbursement (QBR) Program
   - HCAHPS improvement framework
   - ED LOS Updates
   - Monitoring Digital Measures
2. Maryland Hospital Acquired Conditions (MHAC) Program
   - Payment PPCs
   - Small Hospital Concerns
   - Monitoring Digital Measures
3. Readmissions Reduction Incentive Program (RRIP)
   - Impact of ED revisits and use of observation status
   - Disparities modeling including observation stays
4. Population Health
   - Review IP diabetes screening pilot to inform potential policy recommendation
5. Emergency Department/Multi-Visit Patient Policy
   - Finalize measure as within MD or within system counts
   - Discuss how to incorporate into existing or new PAU policy
6. ED-Hospital Throughput Best Practices
   - Finalize best practices
   - Develop data collection
   - Develop methodology for scaling revenue adjustments

Commission Draft and Final Policy Review and Vote

Core Quality Policies									
Policy	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**
QBR	Draft		Final						
RRIP			Draft		Final				
MHAC					Draft		Final		
ED Best Practices		Draft		Final					
Population Health and Potentially Avoidable Utilization Policies									
Policy	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**
IP Diabetes Screening		Draft		Final					
PAU ED-MVP	Draft		Final						
MPA			?	?					
Update Factor PAU Adjustment							Draft		Final

Best Practice to Improve HCAHPS Fast



Total time: 45 minutes or less
Number of times per week: 1
Total number of patient clinical inpatient units (HCAHPS):
-Adult: 34
-Peds: 5
-3 units/week = See patients in each unit about 4x per year

Best Practice to Improve HCAHPS Fast

Percentile Rank by Domain and Month

	Jan-23	Feb-23	Mar-23	Apr-23	2023 Year To Date
Overall Rating	**18**	**41**	**45**	**76**	**39**
Overall Rating n-size	*330*	*325*	*351*	*166*	*1,172*
Communication with Nurses	**25**	**61**	**36**	**63**	**42**
Communication with Nurses n-size	*335*	*332*	*365*	*167*	*1,199*
Communication with Doctors	**21**	**42**	**35**	**63**	**36**
Communication with Doctors n-size	*335*	*332*	*363*	*167*	*1,197*
Responsiveness of Hospital Staff	**23**	**54**	**51**	**47**	**43**
Responsiveness of Hospital Staff n-size	*302*	*304*	*335*	*153*	*1,094*

Data as of 5/11/2023

Learning Collaborative to Improve HCAHPS Scores

MHA Learning Collaborative

- Who:
  - Co-Lead with an MHA Representative
  - Hospital leaders responsible for HCHAPS Performance + National Survey Vendors
- What:
  - Compile and share best practices to help Maryland hospitals improve HCAHPS scores.
- How:
  - Analyze HCAHPS data
  - Sharing best practices, including from national experts
  - Quality improvement initiatives using PDSA cycles
- As a final work document, the learning collaborative will report findings to the HSCRC