



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

July 20, 2014

The Honorable Thomas V. “Mike” Miller  
President, Maryland Senate  
State House  
Annapolis, MD 21401

The Honorable Michael E. Busch  
Speaker, Maryland House of Delegates  
State House  
Annapolis, MD 21401

Dear President Miller and Speaker Busch,

I am writing to correct misunderstandings that may result from a misleading story in the *Baltimore Sun* this morning.

The story carries headline: “Watchdog Cutting Back: Md. health agency is reducing inspections, cites staffing shortage.” In fact:

- Maryland’s Office of Health Care Quality is conducting more inspections, not fewer.
- We are growing the size of the inspection staff, not shrinking it.
- The agency is doing more to protect Marylanders -- by making its oversight more efficient and effective -- not less.

It is no secret that for many years, the Office of Health Care Quality has not had the resources to conduct all of the inspections mandated by state law.

Over the last several years, we have increased the budget of the agency, and we have reduced the gap between our efforts and the legal mandates.

We have also made several important changes to improve the quality and reach of our oversight.

For example, the Office of Health Care Quality works with accreditation agencies, which conduct their own surveys against a set of detailed standards that are focused on the nature of the care provided. In these cases, it is still the Office that holds the facility’s license, can inspect when problems arise, and can impose sanctions and take other enforcement action when necessary.

The Honorable Thomas V “Mike” Miller  
The Honorable Michael E. Busch  
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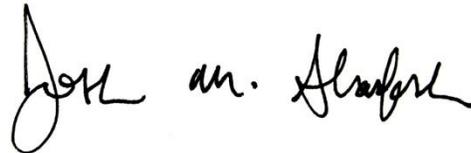
Accreditation is an approach vetted and supported by stakeholder groups and the Maryland General Assembly in two recent bills:

- House Bill 1009 in the 2013 session, which establishes accreditation as a critical element of standards for certain facilities practicing cosmetic surgery; and
- House Bill 1510 in the 2014 session, which supports greater use of accreditation for behavioral health facilities, and which followed an extensive stakeholder input process.

No matter the level of resources available to the Office, improving our regulatory efficiency is a smart strategy. Indeed, one of the lessons of Lifeline may be that more frequent inspections of facilities with administrative challenges and financial difficulties may be needed. If so, the Office should have the flexibility to focus resources in this direction.

Attached is a fact sheet on Maryland’s Office of Health Care Quality, which provides additional details on the points mentioned above. While there remain important challenges in oversight of facilities, we are making progress. Please let me know if I can provide additional information or respond to questions.

Sincerely,

A handwritten signature in black ink that reads "Josh M. Sharfstein". The signature is fluid and cursive, with the first name "Josh" being particularly prominent.

Joshua M. Sharfstein, M.D.  
Secretary

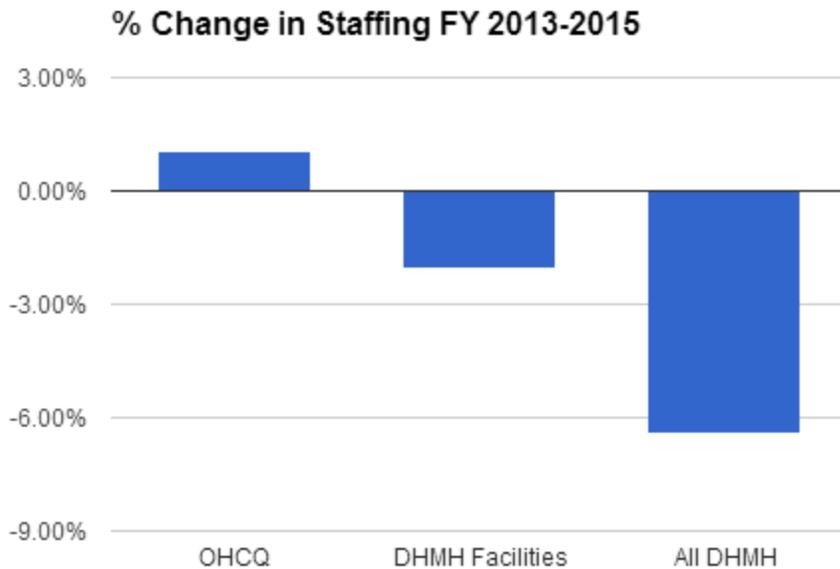
cc: The Honorable Thomas McLain “Mac” Middleton  
The Honorable Joan Carter Conway  
The Honorable Peter A. Hammen

**Fact Sheet: Maryland's Office of Health Care Quality  
July 2014**

The Office of Health Care Quality (OHCQ) is the agency within the Department of Health and Mental Hygiene charged with monitoring the quality of care in Maryland's 14,452 health care facilities and community-based programs. The OHCQ licenses and certifies health care facilities; conducts surveys to determine compliance with State and federal regulations; and educates providers, consumers, and other stakeholders.

In January 2013, the OHCQ gained new leadership and implemented a strategic planning process that was based on a culture of accountability that goes up, down, and across the organization. There are four broad organizational goals that include internal consistency, regulatory efficiency, public confidence, and quality improvement. The recurring theme throughout all of our efforts is regulatory efficiency -- how to best use our limited resources to fulfill our mission. This effort is yielding results.

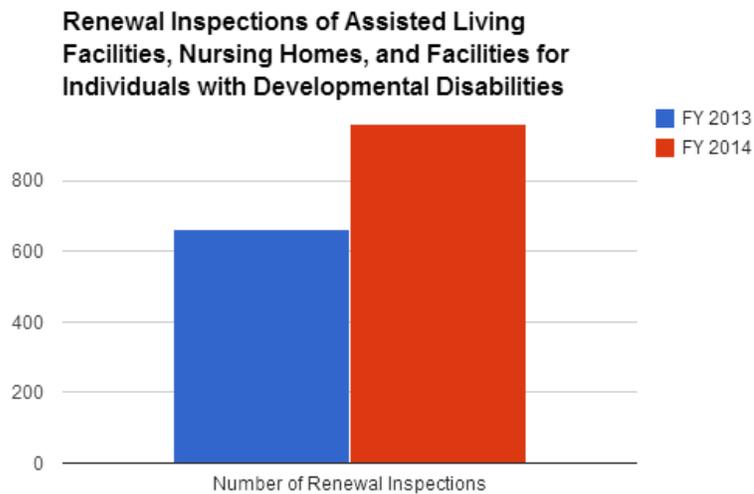
- Staff positions in the Office of Health Care Quality have increased as the total number of positions in the Health Department have fallen.



- Recruitment efforts for surveyors have been revised, resulting in a vacancy rate of 4.6% at the end of June. This is the lowest rate in recent memory.



- Inspections are increasing. For example, preliminary data available for three major categories of facilities all show increases from FY 2013 to FY 2014. The net increase is more than 40%, from 664 to 960.



- The gap between what the Office can do with available resources and statutory mandates has fallen. According to the Department of Legislative Services, this gap fell by 38% in FY 2014.
- OHCQ is working closer than ever before with the Developmental Disabilities Administration and Medicaid to reform quality oversight of facilities serving individuals with disabilities.

Weekly meetings allow for coordinated action on facilities and joint planning on major initiatives. These include surveying individuals to receive feedback on services provided, increasing the role of the consumer-led DDA Waiver Advisory Committee, and developing a new structured approach to oversight across the three agencies.

- OHCQ is becoming more efficient by prioritizing the use of resources where they are needed most. Key steps include:
  - a. **Improving the survey process.** OHCQ has reviewed the frequency and content of surveys; developed and implemented targeted surveys, as appropriate, for some provider types; standardized, where appropriate, each unit's processes for investigations and surveys; and combined multiple survey types into one on-site visit.
  - b. **Reviewing regulation and statute.** OHCQ is developing recommendations regarding the current statutory and regulatory requirements for each provider type.
  - c. **Enhancing accreditation with oversight.** OHCQ has reviewed and as needed revised existing contracts with accreditation organizations and exploring new accreditation options for some providers.
  - d. **Improving training.** OHCQ has reviewed and revised initial and on-going training requirements for surveyors, support staff, and managers and cross-trained surveyors and other support staff.
  - e. **Streamlining the application process.** OHCQ has developed on-line fillable licensure applications; simplified the internal review process for applicant's policies and procedures; and revised training for applicants to facilitate their application process.

- f. **Promoting quality improvement.** OHCQ has established the quality initiatives unit to provide continual quality improvement internally and to promote best practices and educate providers to improve the quality of care.
- g. **Improving information management.** OHCQ has maximized the use of existing federal software to manage survey activities, including the successful addition of 5,159 providers to the system, and trained all users of the software to ensure the most effective management of large amounts of data.
- h. **Streamlining procedures to allow more effective triage of complaints and more timely investigations.** OHCQ reviews and triages all complaints and initiates appropriate investigations, which may include on-site surveys.
- i. **Expanding interactions with providers and stakeholders.** OHCQ has established more regular and frequent interactions with stakeholders and providers through meetings, conference calls, and electronic communication; enhanced social media capabilities; provided additional training opportunities to providers; and established an on-line provider satisfaction survey.

The interventions that are described above have allowed OHCQ to better fulfill the mission to protect the health and safety of Maryland's citizens throughout the healthcare system. OHCQ can now and in the future more fully comply with the regulatory requirements as mandated by the legislature. While progress has been made, there is a need for an on-going strategic planning and quality improvement process that continually examines the agency's regulatory efficiency. OHCQ will continue to look for evidence-based efficient and cost-effective methods to meet mandated goals, while working to ensure there is public confidence in the health care and community service delivery systems in the State.