90-590 Maine Health Data Organization

Chapter 270: Uniform Reporting System for Quality Data Sets

(Major Substantive Rule)

Section I. Basis Statement

The Maine Health Data Organization is authorized by statute to collect quality data from health care practitioners and health care facilities to support the set of quality measures adopted by the Maine Quality Forum with the goal of improving the quality of healthcare in Maine.

Chapter 270 defines health care quality data sets and the provisions for filing the data sets by health care providers to the Maine Health Data Organization. These provisions include: identification of the organizations required to report; establishment of requirements for the content, form, medium, and time for filing health care quality metrics data; establishment of standards for the data reported; and compliance provisions.

The focus of the proposed changes to Chapter 270 include, adding a new measure for Maine nursing facilities under healthcare associated infections (HAI); adding a new measure for Maine hospitals for antimicrobial resistance (AR), and for both types of facilities a new requirement to report a subset of NHSN's direct patient identifiers that are non-required fields in NHSN. This information will inform analysis in health inequities.

The MHDO Board met on February 2, 2023, and authorized the MHDO to initiate rulemaking to Chapter 270. The MHDO held a public hearing on September 7, 2023, with a September 18, 2023, deadline for written comments. The MHDO board met on December 7, 2023, and unanimously voted to provisionally adopt the changes as proposed and amended, as outlined in the Basis Statement (dated December 7, 2023).

Pursuant to 5 M.R.S. §8072, the MHDO will submit this provisionally adopted rule to the Maine Legislature for its review and action. This rule will not be effective until it is finally adopted by the MHDO Board pursuant to Legislative review and action.

Below is a summary of the proposed rule changes.

1. Add a definition for Direct Patient Identifiers. [page 1]

Justification: The definition for Direct Patient Identifiers (definition is from Chapter 120, Release of Data to the Public) has been added to support the collection of direct patient identifiers.

2. Add a general statement to section 2 specific to all measures in this section are to be submitted to the US CDC's NHSN in accordance with the NHSN specifications and this rule, except for a subset of non-required fields within NHSN data structure that are required per this rule if the data is available. [page 3]

   Justification: With one exception, the existing requirements in Section 2 of Chapter 270 require data for each measure be submitted to the US CDC's NHSN in accordance with NHSN specifications and this rule. The change that is being proposed is the requirement that for this section a small subset of the non-required direct patient identifier fields within the NSHN reporting structure be populated when the data is available at the time of reporting. The specific fields are identified in section 10.

3. Revise the submission requirement in 2. E. to align with the fact that all nursing homes in Maine are reporting to the US CDC's National Safety Network (NHSN). [page 4]

   Justification: Administrative streamlining.

4. Add a new reporting requirement for nursing facilities to submit data to NHSN for Urinary Tract Infections (UTIs) in accordance with NHSN specifications and this rule. [page 4]

   Justification: Nursing homes report almost four times as many antibiotic courses of treatment for UTIs in nursing homes residents as compared to UTI events meeting surveillance definitions (Infect Control Hosp Epidemiol. 2022 Feb; 43(2): 238–240.). Post COVID, the nursing home UTI rate in Maine (3.4%) has increased above the national average (2.3%). While the number of UTI events per facility is available through the CMS Minimum Data Set (MDS), the enhanced detail available through NHSN UTI reporting allows greater transparency into the details of the UTI. This detail will allow the Maine CDC to work with nursing homes to target both prevention and antimicrobial stewardship (AMS) activities to reduce both UTI rates and use of antibiotics in nursing homes.

5. Add a new reporting requirement for hospitals to submit data to NHSN for Antimicrobial Use and Resistance (AUR). [page 4]

   Justification: Major causes associated with healthcare associated infections include inadequate hand washing, uneven use of proven infection control procedures,

patients who have weakened immune systems and bacteria becoming resistant to antibiotics. For example, MRSA and C. difficile bacteria (Ch. 270 requires hospitals to report MRSA and C. difficile lab ID events) can both cause serious infections leading to longer hospital stays, higher medical costs and even death. MRSA bacteria give rise to special concern, because of their resistance to multiple types of antibiotics and new strains of drug-resistant C. difficile have become more virulent. Collecting AUR data provides transparency into antimicrobial use and resistance to inform strategies to reduce antimicrobial resistant infections through antimicrobial stewardship, and interrupt transmission of resistant pathogens at the individual facility, healthcare system, and state levels.

6. Add language to 2.G. that includes direct patient identifiers in the authorization of the Maine CDC to access NHSN facility specific reports of data. Delete the language in 2. G. that limits the Maine CDC's access to NHSN for facility-specific reports of data submitted for healthcare associated infections. [page 4]

   Justification: The proposed changes allow the Maine CDC to access both HAI and AUR data in NHSN, including patient identifiable data which going forward will allow the Maine CDC to understand and begin to address the impact of health inequities.

7. Add language to 2.H. that includes direct patient identifiers in the authorization of the MHDO to access NHSN facility specific reports of data. Delete the language in 2. H. that limits the MHDO 's access to NHSN for facility-specific reports of data submitted for healthcare associated infections; and add language regarding the protection and confidentiality of individuals in any public reporting. [page 4]

   Justification: The proposed changes allow the MHDO to access both HAI and AUR data in NHSN, including direct patient identifiers. The submission of patient identifiable data is consistent with the data submissions to MHDO from hospitals for each inpatient and outpatient encounter per the requirements in Chapter 241, *Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets.* Access to direct patient identifiers will allow MHDO to leverage more robust information regarding the individual's health care experience and demographic characteristics. This robust data set will improve analysis in several areas of healthcare inequities. Patient identifiable data is confidential and will be protected by MHDO per the terms of Chapter 120, Release of Data to the Public.

8. Updates to the table of Reporting Requirements in Section 9 to include the new proposed measures, UTI and AUR. Updates to the MRSA and C.*difficile* measures to explicitly exclude inpatient rehab. [page 7]

Justification: Updates to the table of Reporting Requirements keeps the table current.

9. Add Section 10 which is a table of the subset of non-required Direct Patient Identifiers NHSN fields that are required under Chapter 270. [page 8]

   Justification: The table provides information needed so that the submitters understand the specific direct patient identifiers that are included in the NHSN reporting form for both hospitals and nursing facilities that are not required under NHSN but are required under this rule.

Section II. Names of Individuals that Submitted Comments:

1. Omar Hassan, MaineHealth, Chief Quality Officer
2. Karynlee Harrington, MHDO, Executive Director

Section III. Summary of Comments Received by Submitter with Proposed Agency Response & Action

1. MaineHealth submitted the following comments:

Comment: 1: Definitions: D: Direct Patient Identifiers and 2.J: Healthcare Associated Infection Quality Data Set Filing Description

Maine Health is concerned about the inclusion of social security numbers in Direct Patient Identifiers, as this increases patients' risk of online identity theft from an inadvertent data breach. Although we know that MHDO utilizes strong security protections to protect data, we believe that this is an unnecessary collection of confidential information. We urge MHDO to remove this proposed requirement.

MHDO Staff Response: The collection of patient identifiable data, specifically social security numbers is consistent with the data collection requirements in 90-590 Chapter 241, *Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets* and MHDO has been collecting this data from Maine hospitals since 2006 per the requirements in 90-590 Chapter 241. On average MHDO received a social security number for 92.2% of inpatient records and 91.9% of outpatient records in 2022 across all facilities. In 2022, 100% of records from Maine Medical Center included a social security number for both inpatient and outpatient.

If MaineHealth hospitals cannot include these data elements in their NHSN submissions, MHDO will leverage the social security number and other direct identifiers submitted to MHDO under Chapter 90-590 241, *Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets*. One of the primary reasons for collecting direct patient identifiers across MHDO's data streams, including social security numbers, is to develop a de-identified person directory, which is a single set of de-identified person characteristics that can be used across MHDO 's data sets. Leveraging information across data sets minimizes data gaps, for example for race and ethnicity data elements. Patient identifiable data is confidential and is protected by MHDO per the requirements of Title 22, Chapter 1683, §8707 and Chapter 120, Release of Data to the Public. Lastly, MHDO's data resides within NORC's SOC II certified datacenter, which is managed by Zayo Group. The datacenter implements physical access and environmental controls per NIST 800-53 guideline. The link below provides an overview of the system protections that are in place to protect and secure the data MHDO receives and stores. https://mhdo.maine.gov/sec_priv.htm

Recommended Board Action: None

Comment: 10: Table of the Subset of NHSN Fields Required Under this Rule by Measure and Facility

MaineHealth is concerned by the inclusion of ethnicity and race in the list of required NHSN fields. We are dependent on our electronic health record vendor, Epic, for submitting our data to NHSN. At this time, Epic does not have the capability to upload ethnicity or race data to NHSN, so we would be unable to comply with the proposed rule change. It would cause a considerable administrative burden to collect the data outside of Epic. Furthermore, the collection of race and ethnicity data is not required by the CDC as part of the NHSN CDA reporting requirements for hospital acquired infections. We urge MHDO to remove this proposed requirement.

MHDO Staff Response: MHDO has been collecting race and ethnicity data from Maine hospitals since 2007 per the requirements in 90-590 Chapter 241, *Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets.* On average 99% of all hospital inpatient and outpatient encounter records include the identification of race and ethnicity. Adding race and ethnicity data to the data elements in 90-590 Chapter 270, aligns these important data elements with Chapter 241. Collecting race and ethnicity data is a necessary component to understanding the relationship between health, healthcare systems and the populations they serve, as well as other factors associated with health care disparities[i]. On average 99% of all hospital inpatient and outpatient encounter records include the identification of race and ethnicity. If MaineHealth hospitals cannot include these data elements in their NHSN submissions, MHDO will leverage the race and ethnicity data that is submitted to MHDO under Chapter 90-590 241, *Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets.*

Recommended Board Action: None

[1] Flanagin, A., Frey, T., Christiansen, S. L. (2021, August 21). Updated guidance on the reporting of race and ethnicity in medical and science journals. Journal of the American Medical Association 326(7), 621-627. doi:10.1001/jama.2021.13304

2. The MHDO submitted the following correction comment:

Comment: It has come to my attention that in the drafting of our proposed rule changes to Rule Chapter 270 Uniform Reporting System for Quality Data Sets, a correction should be made to page 3 of the proposed rule adding to Section 2(C) to read, "Each hospital shall submit to the US CDC's National Healthcare Safety Network (NHSN) MRSA blood specimen Lab ID Event Data, for all facility wide inpatients (FacWideIN) in accordance with NHSN specifications and this rule".

Recommended Board Action: Adopt the revisions to Section 2 (C) as follows:

2.C. Each hospital shall submit to the US CDC's National Healthcare Safety Network (NHSN) MRSA blood specimen Lab ID Event Data, for all facility wide inpatients (FacWideIN) in accordance with NHSN specifications and this rule.

Statutory Authority: 22 MRS §§ 8704 sub-§4, §8708-A, §8712, §8761, 24-A, MRS§6951(2), (3)

Effective Date: TBD