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Statewide Integrated Health Improvement Strategy (SIHIS)
Hospital Population Health Leader Forum

March 25, 2022

Agenda

- Welcome and Opening Comments
- Overview of Statewide Integrated Health Improvement Strategy (SIHIS)
- Opportunities for Hospital Alignment with State Initiatives
  - Diabetes Initiatives
  - Opioids Initiatives
  - Maternal Health Initiatives
  - Childhood Asthma Initiatives
  - Medicaid Initiatives
  - Maryland Primary Care Program (MDPCP) Initiatives
- Questions & Discussion

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Opening Comments

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Statewide Integrated Health Improvement Strategy Overview

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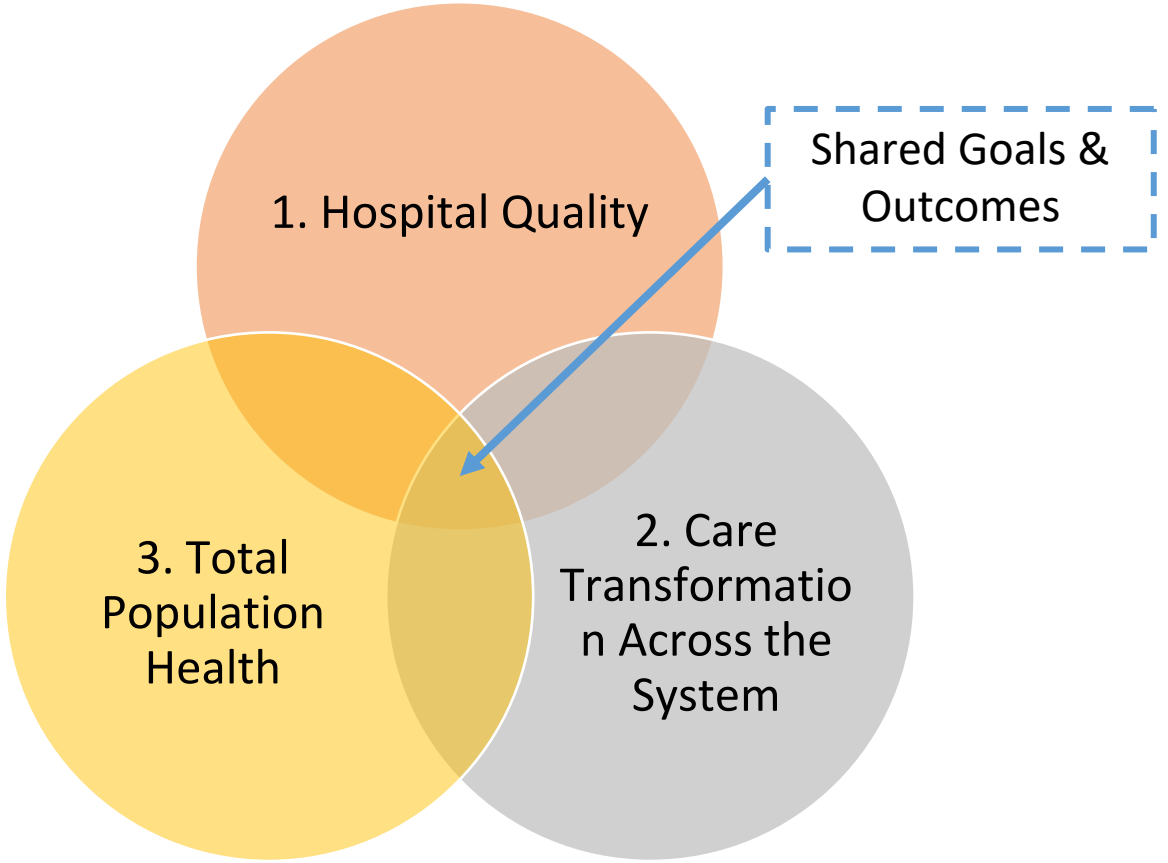
Statewide Integrated Health Improvement Strategy (SIHIS)

- In December 2019, Maryland & CMS signed a Memorandum of Understanding (MOU) agreeing to establish a Statewide Integrated Health Improvement Strategy.
- This initiative is designed to engage State agencies and private-sector partners to collaborate and invest in improving health, addressing disparities, and reducing costs for Marylanders.
- The MOU required the State to propose goals, measures, milestone and targets in three domains.
- The State submitted its proposal to CMMI in December 2020. CMMI approved the proposal in March 2021.
- The annual report on SIHIS activities for 2021 was submitted in January 2022.
- The proposal, approval memo, and annual report can be found on the HSCRC website. https://hscrc.maryland.gov/Pages/Statewide-Integrated-Health-Improvement-Strategy-.aspx



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Domain 3: Total Population Health

Priority Area 1: Diabetes	• Identified as a statewide priority by Maryland State Secretary of Health & the statewide ***Diabetes Action Plan*** is now available on MDH website
Priority Area 2: Opioids	• Identified as a statewide priority by Lieutenant Governor through the Maryland Heroin and Opioids Emergency Task Force in 2015 • State of Emergency declared by Governor Hogan in 2017
Priority Area 3: Maternal & Child Health	• Maternal and Child Health identified as a SIHIS recommendation by the Maternal and Child Health Task Force formed by House Bill 520/Senate Bill 406

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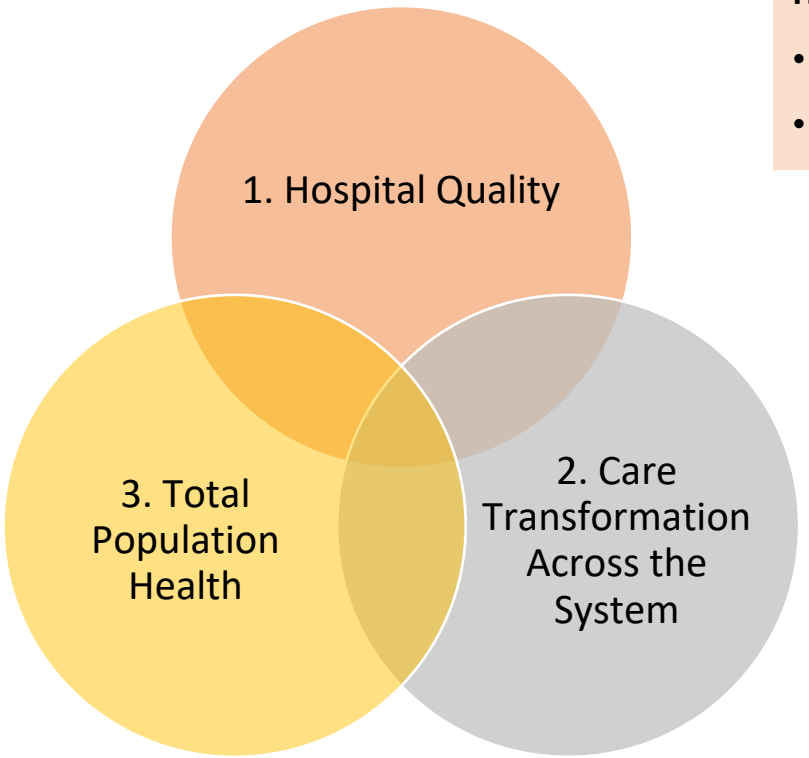
Statewide Goals Across Three Domains



Hospital Quality

- Reduce avoidable admissions
- Improve Readmission Rates by Reducing Within-Hospital Disparities

Care Transformation Goals

- Increase the amount of Medicare TCOC or number of Medicare beneficiaries under value-based care models*
- Improve care coordination for patients with chronic conditions

Total Population Health Goals

- Priority Area 1 (Diabetes): Reduce the mean BMI for adult Maryland residents
- Priority Area 2 (Opioids): Improve overdose mortality
- Priority Area 3 (Maternal and Child Health Priority Area):
  - Reduce severe maternal morbidity rate
  - Decrease asthma-related emergency department visit rates for ages 2-17

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Opportunities for Hospital Alignment with SIHIS Initiatives

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Diabetes Initiatives

- Partner with providers to increase provider awareness, education, training and referrals to the National Diabetes Prevention Program (National DPP) and Diabetes Self-Management Education and Support (DSMES) programs.
  - Educate the entire clinical team (medical assistants, nurses, etc) on these programs so they can help “sell” the programs.
  - Connect with your hospital’s Regional Partnership on DPP and DSMES, if applicable. https://hscrc.maryland.gov/Pages/regional-partnerships.aspx
- Increase pharmacist awareness of DPPs and their role in patient referrals
- Offer CME’s to providers; have diabetes care teams/specialists in the hospital participate in learning collaboratives with primary care.
- Incorporate food insecurity questions during patient intake and refer patients to programs to access foods.

Opioids Initiatives

- Expand screening, brief intervention, and referral to treatment (SBIRT) and buprenorphine induction.
- Distribute Naloxone to patients who receive treatment in the emergency department (ED) for a non-fatal overdose.
- Connect with your Regional Partnership, if applicable, on plans to expand behavioral health crisis infrastructure in your community. https://hscrc.maryland.gov/Pages/regional-partnerships.aspx

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Reverse the Cycle (RTC)

Comprehensive hospital substance use response program

RTC includes:

- Universal screening and peer intervention
- Overdose survivors outreach
- Medication initiation

Components:

On site TA, standardized protocols, modifications to electronic health records, trainings and boosters for all staff

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Reverse the Cycle Data

- Screened 80% of patients who presented to ED
- Engaged 62% of overdose patients presenting to the ED with intensive community peer support
- Initiated medication for 63% of opioid-using patients presenting to the ED
- Linked close to 33% of patients who overdosed to treatment after community peer engagement
- Linked 12,917 patients directly from ED to treatment
- Linked 66% of patients after MOUD induction in the ED to MOUD treatment same or next day after discharge

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Reverse the Cycle Fidelity Project

- Mosaic Group and the state of Maryland recognize the need for a more powerful response to the opioid overdose crisis
- The Fidelity Project will aim to optimize program performance across the hospital systems who are implementing RTC
- The 21 Fidelity Hospitals are:
  - Ascension Saint Agnes
  - Greater Baltimore Medical Center
  - Johns Hopkins Hospital and Bayview
  - Lifebridge Health – Grace, Sinai, Northwest, and Carroll Hospitals
  - MedStar Health – Union Memorial, good Samaritan, Franklin Square, Montgomery, Southern Maryland, Harbor, and St Mary's Medical Center
  - Mercy Medical Center
  - Meritus Health
  - University of Maryland- Medical Center, Midtown, and Upper Chesapeake
  - UPMC Western MD

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Background: Select Maternal Health Initiatives*

Life Course Period	Interventions	Potential Outcomes	Links
Prenatal Period	CenteringPregnancy, Group-based Prenatal Care	Reduction in risk of preterm birth, low birth weight and NICU, increased breastfeeding, increased patient satisfaction	Centering Pregnancy
	Expansion Home Visiting (Healthy Families America, Nurse Family Partnership)	Reduce pregnancy complications, reduce low birth weights	HFA NFP
Birthing Period	Doula/Community Birth Worker	Fewer preterm births, cesarean births, increased breastfeeding coordination	Doulas
	Perinatal Quality Collaborative	Evidence-based safety bundles aimed to improve severe maternal morbidity	AIM
	Severe Maternal Morbidity Review Process	Hospital based surveillance, review, and quality improvement process	MDMOMs
	Maternal Opioid Misuse Model	Increased linkage to treatment, addressing social needs	MOM
Postpartum/Interconception Period	Increased Medicaid coverage for comprehensive medical, dental and other health care services for postpartum individuals from 2 months to 12 month (Medicaid)	Continued coverage to ensure medical care	
	HealthySteps	Increased linkage to care, addressing social needs	HealthySteps

*These do not represent all the Maryland programs and policies working to improve maternal health

Maternal Health Initiatives

Medicaid Coverage Initiatives:

- Home Visiting Services (HVS) for high-risk pregnant women and infants
  - Statewide benefit effective 1/13/2022
  - Two evidence-based models are included: Healthy Families America (HFA) and Nurse Family Partnership.
  - HFA and NFP programs may enroll with Medicaid to participate as HVS providers
- Doula services
  - Statewide benefit effective 2/21/2022
  - Includes up to 8 prenatal or postpartum doula visits and birth support during labor & delivery
  - Certified doulas may enroll with Medicaid to participate as providers

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Ways to partner - Maternal Health Initiatives

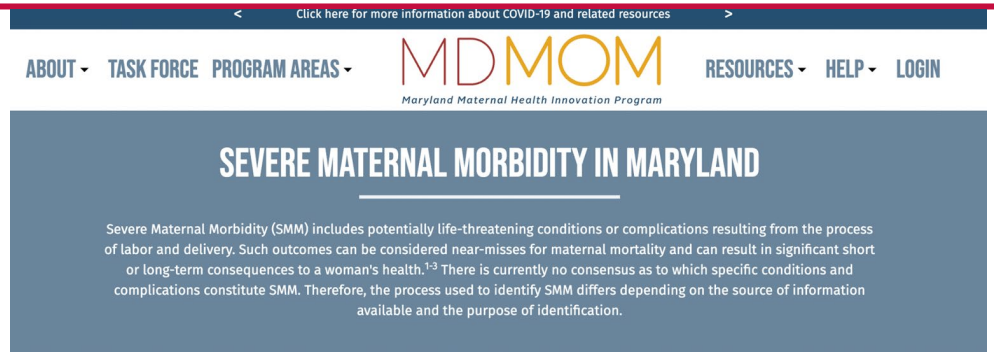
1) **Participate** in the Severe Maternal Morbidity Review Pilot if contacted by the MDMOM team Contact: Dr. Andreea Creanga at *acreang3@jhu.edu*

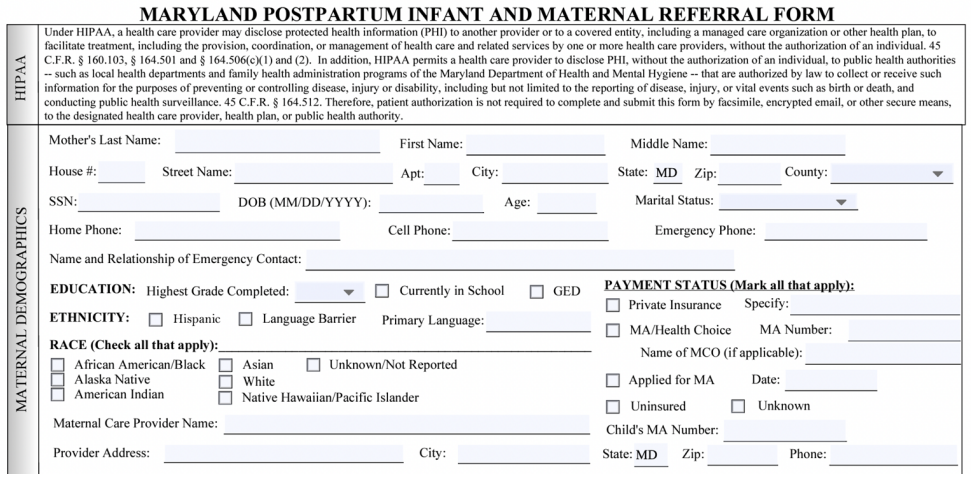
1) **Inform OB** practices about availability of and how to refer patients to home visiting services, Healthy Steps, and Doula program

1) Ensure hospital policies allow for doulas/birth workers to be present during labor and delivery. Contact: mdh.medicaidmch@maryland.gov.

1) **Connect patients** who would benefit from community-based services, send the **PIMR** form to the local health department https://health.maryland.gov/phpa/mch/Pages/postpartum-referral.aspx

Contact: Mdh.mchb@maryland.gov




MARYLAND POSTPARTUM INFANT AND MATERNAL REFERRAL FORM

HIPAA

Under HIPAA, a health care provider may disclose protected health information (PHI) to another provider or to a covered entity, including a managed care organization or other health plan, to facilitate treatment, including the provision, coordination, or management of health care and related services by one or more health care providers, without the authorization of an individual. 45 C.F.R. § 160.103, § 164.501 and § 164.506(c)(1) and (2). In addition, HIPAA permits a health care provider to disclose PHI, without the authorization of an individual, to public health authorities -- such as local health departments and family health administration programs of the Maryland Department of Health and Mental Hygiene -- that are authorized by law to collect or receive such information for the purposes of preventing or controlling disease, injury or disability, including but not limited to the reporting of disease, injury, or vital events such as birth or death, and conducting public health surveillance. 45 C.F.R. § 164.512. Therefore, patient authorization is not required to complete and submit this form by facsimile, encrypted email, or other secure means, to the designated health care provider, health plan, or public health authority.

MATERNAL DEMOGRAPHICS

Mother's Last Name: First Name: Middle Name:

House #: Street Name: Apt: City: State: MD Zip: County:

SSN: DOB (MM/DD/YYYY): Age: Marital Status:

Home Phone: Cell Phone: Emergency Phone:

Name and Relationship of Emergency Contact:

EDUCATION: Highest Grade Completed: Currently in School GED

ETHNICITY: Hispanic Language Barrier Primary Language:

RACE (Check all that apply):

African American/Black Asian Unknown/Not Reported
Alaska Native White
American Indian Native Hawaiian/Pacific Islander

PAYMENT STATUS (Mark all that apply):

Private Insurance Specify:
MA/Health Choice MA Number:
Name of MCO (if applicable):
Applied for MA Date:
Uninsured Unknown
Child's MA Number:

Maternal Care Provider Name:

Provider Address: City: State: MD Zip: Phone:

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Childhood Asthma Initiatives

- Discussions and efforts already underway with several hospitals and systems to expedite referrals from emergency departments and inpatient stays to local health department home visiting programs
  - Contact your local health department or the MDH Environmental Health Bureau for more information on referral programs
- Development underway with CRISP to provide Care Alerts to providers for patients discharged from hospitals, EDs about home visiting program eligibility.
- Community of Practice for asthma – opportunity for providers, stakeholder groups to share best practices, resources.

Medicaid Specific Initiatives

- Diabetes
  - HealthChoice Diabetes Prevention Program (DPP)
  - Continued support to strengthen managed care organization (MCO) infrastructure to implement the HealthChoice DPP
- Opioids
  - Coverage of residential treatment for behavioral health
  - Maternal Opioid Misuse (MOM) Model
- Maternal Health:
  - Expanding postpartum coverage to 12 months
  - MOM model
  - CenteringPregnancy
  - Doulas
  - Home Visiting Services
- Child Health
  - HealthySteps Model
  - Asthma and lead environmental case management home visits

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MDPCP Initiatives

The Maryland Primary Care Program (MDPCP) supports Domain 3 in the following ways:

CHRONIC CARE MANAGEMENT FOR **DIABETES**

- DPP e-Referral Tool
- DSMES Promotion
- Targeted outreach and quality improvement projects

PREVENTIVE CARE FOR **OBESITY AND DEPRESSION**

- electronic Clinical Quality Measures (eCQM)
- Targeted outreach and technical assistance

SBIRT IMPLEMENTATION

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- It works! Reduction in ED visits, hospitalizations, health care costs, etc.
- Strategy to address opioids use

HEART PAYMENT

Health Equity Advancement Resource And Transformation (HEART) Payment

- Additional support (e.g., social needs referral tools)
- Improvement in patient health outcomes and cost
- Health equity

What can hospital-based CTOs do now?

Actionable Steps

- Implement SBIRT if you haven't already!
- Support partner practices with electronic Clinical Quality Measures (eCQMs)
- Promote DPP & DSMES
- Support use of unique solutions to SDOH
  - Push social needs referrals

Resources

- List of CTOs
- List of CTOs providing services in each county
- List of participating practices (PY2022)
- SBIRT Contact: Erin Cosgrove
  - ecosgrove@groupmosaic.com

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Questions?

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Staff Contact Information

- Health Services Cost Review Commission
  - Erin Schurmann, erin.schurmann@maryland.gov
- Diabetes,
  - Pam Williams, pamelar.williams@maryland.gov
- Opioids (Opioid Operational Command Center)
  - Marianne Gibson, marianne.gibson@maryland.gov
- Maternal Health (Maternal and Child Health Bureau)
  - Dr. Shelly Choo, shelly.choo@maryland.gov
- Childhood Asthma (Environmental Health Bureau)
  - Dr. Cliff Mitchell, cliff.mitchell@maryland.gov
- Medicaid Initiatives
  - Laura Goodman, laura.goodman@maryland.gov
  - Sandy Kick, sandra.kick@maryland.gov
- Maryland Primary Care Program
  - Alice Sowinski-Rice, alice.sowinskirice@maryland.gov
  - Raghavi Anand, raghavi.anand@maryland.gov

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Appendix

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Guiding Principles for Maryland's SIHIS

- Maryland's strategy should fully maximize the population health improvement opportunities made possible by the TCOC Model
- Goals, measures, and targets should be specific to Maryland and established through a collaborative public process
- Goals, measures and targets should reflect an all-payer perspective
- Goals, measures and targets should capture statewide improvements, including improved health equity
- Goals for the three domains of the integrated strategy should be synergistic and mutually reinforcing
- Measures should be focused on outcomes whenever possible; milestones, including process measures, may be used to signal progress toward the targets
- Maryland's strategy must promote public and private partnerships with shared resources and infrastructure

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Reporting Resources

Domain	Report
Hospital Quality (Avoidable Admissions & Readmissions Disparities)	HSCRC Regulatory Reports through CRISP ● Potentially Avoidable Utilization ● Readmissions - Patient Adversity Index Report
Care Transformation (Timely Follow-Up)	HSCRC Regulatory Report through CRISP ● QBR - Follow-Up After Discharge
Total Population Health	CRISP Reporting Services (CRS) ● Public Health - Public Health Dashboard ● Public Health - SIHIS Directional Indicators Dashboard (Statewide performance) Maryland Opioid Dashboard Asthma Dashboard (to be released soon)

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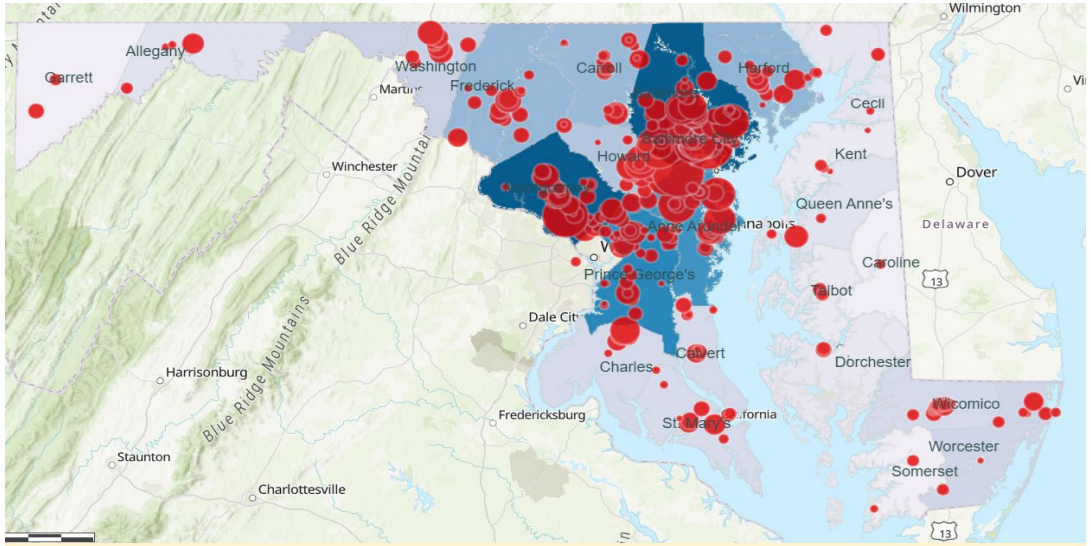
MDPCP Background

Statewide – Practices in every county

Support infrastructure – 24 Care Transformation Organizations



**** *545 sites* – 7 FQHC organizations represent 44 site locations (508 official participants)**

* *The Annals of Family Medicine, 2012*
http://www.annfammed.org/content/10/5/396.full

In 2022, MDPCP has:

545 practice sites (**508** official participants)

374,000 FFS beneficiaries attributed

~2,100 providers in MDPCP

Over 4,000,000 Marylanders served

Maternal Health Inventory

Interventions	Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Number Implemented	% Implemented
Prenatal Period																										
Centering Pregnancy		3	2														1				1	1			8 sites	21% jurisdictions
Care Coordination at LHDs		1	1	1		1			1							1	1						1		8 sites	33% jurisdictions
Home Visiting (HFA or NFP)	1		4	1	1	*			1	1	1	1	1		*	1	2	1	1		1	1	1	1	21 sites	79% jurisdictions
Maternal Opioid Misuse Model																				1					1 site	4% jurisdictions
Electronic Prenatal Risk Assessment		1	1	1																					3 jurisdictions	13% jurisdictions
Birthing Period																										
SMM Review Pilots		1	3											1						1					6 birthing hospitals	19% of birthing hospitals
Perinatal Quality Collaborative	1	2	7	3	1		1	1	1		1	1	1	1		5	2			1	1	1	1		32 birthing hospitals	100% of birthing hospitals
Implicit Bias Training		2	7	3	1		1	1	1			1	1	1		4	1			1	1	1	1		28 birthing hospitals	88% of birthing hospitals
Postnatal & Interconception Care																										
Home Visiting (see above)	1		4	1	1	*		1	1	1	1	1	1		*	1	2	1	1		1	1	1	1	22 sites	75% jurisdictions
Healthy Steps (effective 2022)																										
Maternal Opioid Misuse (See above)																				1					1 site	4% jurisdictions

*Funds go through Queen Anne's County