



Maryland's New All-Payer Model Phase 2 of
Implementation Planning, Public Engagement,
Monitoring, and Infrastructure

INITIAL DRAFT FOR COMMENT July 9, 2014

HSCRC Model Implementation Timeline



<p>Bring hospitals onto global revenue budgets</p>	<p>Identify, monitor, and address clinical and cost improvement opportunities</p>	<p>Implement additional population-based and patient centered approaches</p>	<p>Develop proposal to focus on the broader health system beyond 2018</p>
<p>Begin public input process: advisory council and work groups</p>	<ul style="list-style-type: none"> •Enhance models, monitoring and infrastructure •Formalize partnerships for engagement and improvement 	<ul style="list-style-type: none"> •Evolve alignment models and payment approaches •Increase focus on total cost of care 	<p>Secure resources, and bring together all stakeholders to develop approach</p>

Complete

HSCRC Regulatory Activities: Phase 2

- ▶ Develop or adopt performance measures
- ▶ Measure clinical and financial performance
- ▶ Set rates and revenues
- ▶ Refine revenue models, especially market share and shifts to non-regulated settings
- ▶ Measure and assure compliance with CMS agreement
- ▶ Secure necessary staff and resources
- ▶ Create necessary data flows and infrastructure

HSCRC Partnerships: Activities for Phase 2

- ▶ **Clinical & Cost Improvement:** Support selected strategies for reducing potentially avoidable utilization, practice and cost variation, and supporting high needs patients
- ▶ **Physician and Other Provider Participation:** Support development and implementation of alignment/engagement models
- ▶ **Consumer Participation:** Support consumer engagement and skill development

HSCRC Partnership Activities

- ▶ HSCRC does not have the statutory authority to require these activities.
- ▶ These partnership activities are, however, vital to HSCRC's success with the New All-Payer Model.
- ▶ HSCRC can serve as a catalyst, convener, and partner along with other State agencies and stakeholders.
 - ▶ Promote opportunities to improve care and lower cost
 - ▶ Address enablers and barriers
 - ▶ Increase communication
 - ▶ Reward those who achieve program goals

Phase 2: Public Engagement Approach

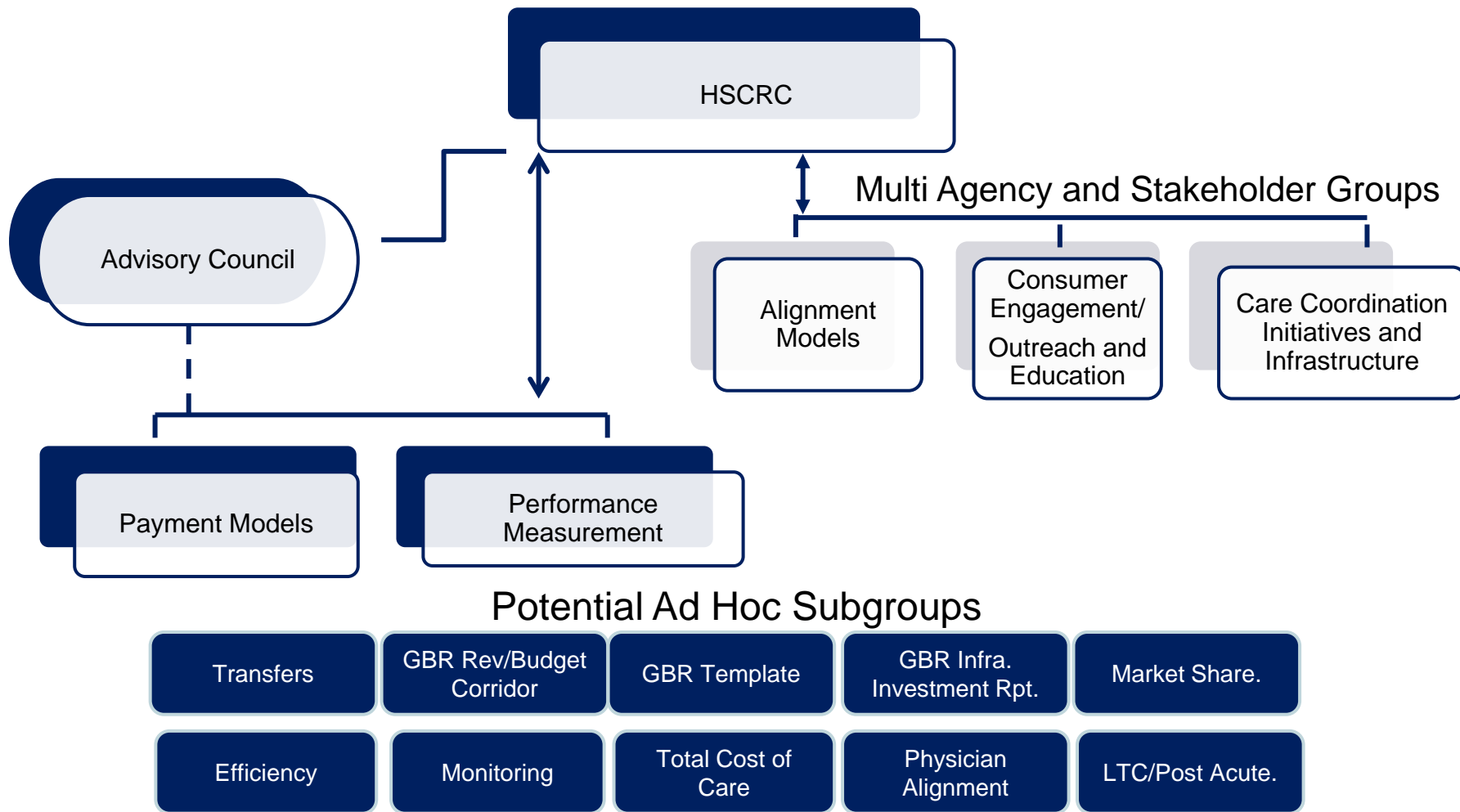
Current Process, Looking Forward

- ▶ For the short term, aggressive work plans were needed to meet deliverable schedule
- ▶ Looking ahead:
 - ▶ Work plan may require different configuration of workgroups
 - ▶ Opportunity to engage stakeholders to lead different initiatives
 - ▶ Less frequent meetings would allow more time for analysis and review between meetings
 - ▶ More focus on outreach and education about new model
 - ▶ Ad hoc subgroups effective in engaging stakeholders in development of implementation plans
 - ▶ Advisory Council input must be timed to support broad
- ▶ ⁷ input

Role of Advisory Council and Workgroups

- ▶ Purpose of Advisory Council and Workgroups is to encourage broad input from informed stakeholders
- ▶ Commission decision making is better informed with robust input from stakeholders
- ▶ Advisory Council and Workgroups identify areas where there is consensus as well as areas where there are differences of opinion
- ▶ Non-voting groups

Implementation Planning Structure – Mid-Term



Work Groups for Phase 2

- ▶ The workgroups are designed to address several of the identified needs.
- ▶ The Performance Measurement and Care Coordination work groups will focus on clinical improvement and monitoring
- ▶ The Alignment Models and Consumer work groups will focus on outreach and engagement and alignment of consumers, providers, and payers
- ▶ The Payment Models will focus on continued development of payment policies and tools under the new model
- ▶ Subgroups are an effective strategy to address more technical topics and coordination among groups

Work Group Process for Phase 2

- ▶ Data and infrastructure addressed in all groups
 - ▶ Membership invited to participate as appropriate
- ▶ Some topics require interagency and stakeholder leadership
 - ▶ with HSCRC participation
- ▶ Purpose is to encourage broad input from informed stakeholders
- ▶ Commission decision making is better informed with robust input from stakeholders
- ▶ Advisory Council and Workgroups identify areas where there is consensus as well as areas where there are differences of opinion
- ▶ Non-voting groups

HSCRC - Workgroup Descriptions

Phase 2

Payment Models

- ▶ Transfers
- ▶ Market Share
- ▶ Guardrails
- ▶ Gain Sharing and Shared Savings
- ▶ Post-acute Bundled Payment
- ▶ Capital Policy
- ▶ 2016 UCC Policy
- ▶ Evolution of Model
- ▶ Regional Collaboration
- ▶ Bundled Payments

Performance Measurement

- ▶ Monitoring
- ▶ Updates: QBR and MHAC, Readmissions RY 17 revisions
- ▶ Efficiency Measures FY 2016
- ▶ PAU – Ambulatory Care
- ▶ New Measure Development
- ▶ Risk Adjusted Readmissions

Ad Hoc Subgroups

- ▶ Total Cost of Care
- ▶ Possible new groups:
 - ▶ Market Share/Transfers
 - ▶ Guardrails
 - ▶ GBR Corridors
 - ▶ GBR Reporting templates
 - ▶ GBR Infrastructure Allowance Reporting
 - ▶ Efficiency
 - ▶ Monitoring
 - ▶ Others - TBD

Multi Agency and Stakeholder Workgroups

Phase 2

Care Coordination Initiatives and Infrastructure

- ▶ Clinical improvement opportunities
- ▶ Opportunities to leverage Medicare data for predictive modeling and care coordination
- ▶ Relationship to Alignment Strategies
- ▶ Resource approaches (e.g. call center, community case management, care plans)
- ▶ Relationship to Community Resources/Other Initiatives/Payer Initiatives
- ▶ Data and Infrastructure Needed

Alignment Models

- ▶ Monitor and advise on work plan for Physician Alignment and Engagement Report
- ▶ LTC/Post Acute Alignment
- ▶ Coordination among different stakeholder efforts
- ▶ Payer engagement & Alignment
- ▶ Provider Outreach & Education

Consumer Engagement

- ▶ Consumer education
- ▶ Consumer protections
- ▶ Engagement in Care Improvement
- ▶ Engagement in Health Improvement

High Level Work Plan for Work Groups

Summer – Early Fall 2014

- Transfers
- Market Share
- Guardrails
- GBR Budget Revenue/Volume Corridors
- GBR Infrastructure Investment Reporting
- GBR Reporting Template
- Care Coordination Opportunities
- Industry educ. Alignment options
- Consumer Outreach Plan

Fall – Winter 2014

- Efficiency
- Risk Adjusted Readmissions
- PAU – Ambulatory
- Updates to Current Perf. Measure Policies
- Care Coordination recommendations
- Medicare data access
- Provider outreach and education
- Alignment Options development
- Consumer Engagement Strategy

Jan - March 2015

- Capital Policy
- Evolve alignment models and payment approaches
- LTC/Post Acute

April - June 2015

- FY 16 UCC
- New performance measure development



Appendix: Workgroup Accomplishments to date

Public Engagement Process Accomplishments

- ▶ Engaged broad set of stakeholders in HSCRC policy making and implementation of new model
 - ▶ Advisory Council, 4 workgroups and 6 subgroups
 - ▶ 100+ appointees
 - ▶ Consumers, Employers, Providers, Payers, Hospitals
- ▶ Established processes for transparency and openness
 - ▶ Diverse membership
 - ▶ Educational phase of process
 - ▶ Call for Technical White Papers – 18 Shared Publically
 - ▶ Access to information
 - ▶ Opportunity for comment

Workgroup Products (as of 7/1/14)

▶ **Payment Model**

- ▶ UCC Policy Recommendations
- ▶ Update Factors Recommendation for FY 2015
- ▶ Readmission Shared Savings Recommendation for FY 2015
- ▶ Balanced Update and Short-Term Adjustments
- ▶ Review of Global Budget Contracts

▶ **Performance Measurement**

- ▶ Maryland Hospital Acquired Conditions
- ▶ Readmissions
- ▶ Draft Efficiency Report
- ▶ Strategy Population-Based Patient-Centered Report (includes Hospital Dashboard)

▶ **Data and Infrastructure**

- ▶ Data Requirements for Monitoring All-Payer Model
- ▶ Data Infrastructure to Support Care Coordination

▶ **Physician Alignment and Engagement**

- ▶ Current Physician Payment Models and Recommendations for Physician Alignment Strategies under the All-Payer Model