maryland
health services
cost review commission

Total Cost of Care Model Progression: Consumer Advocate Workgroup

March 20, 2023

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Agenda

Time	Topic
1:30-1:35	Welcome & Review of Ground Rules
1:35-2:15	Quality Measurement
2:15-2:25	Public Comment
2:25-3:05	Population Health and Health Equity
3:05-3:15	Public Comment
3:15 - 3:30	Next Steps

Appendix:

- Workgroup Scope & Guiding Principles
- ED Wait Time Data
- Hospital Quality Program Updates
- SIHIS Population Health Measures
- HCAHPS Data by Race
- State Resources for Patients

Total Cost of Care Model Progression Consumer Advocate Workgroup Charge

The Health Services Cost Review Commission (HSCRC) established the Consumer Advocate Workgroup to gather input to ensure that consumer perspectives are used to inform the design and management of policies for any future Model agreement with the Centers for Medicare and Medicaid Services.

Why is this feedback needed?

- The Total Cost of Care (TCOC) Model agreement with the Federal Center for Medicare and Medicaid Innovation (CMMI) is set to end in 2026.
- State / Federal negotiations on the future of the Model will begin in late 2023 or 2024

Workgroup Ground Rules

- Be prepared: please read materials before the meeting
- Be brief.
- Share the floor: please monitor your contributions to make sure others have an opportunity to engage in the discussion.
- No interruptions (except for the time-keeper).
- Use the hand-raise function if available
- Stay on topic.
- Questions are welcome.

Quality Measurement under the TCOC Model

HSCRC Quality Program Guiding Principles

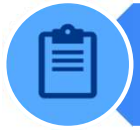
- The mission of the HSCRC Quality Program is to create all-payer incentives for Maryland hospitals to provide efficient, high quality patient care, and to support delivery system improvements across the State.
- The program includes health equity in its guiding principles

HSCRC Quality Program Overview

- The purpose of the HSCRC Quality Program is to create all-payer incentives for Maryland hospitals to provide efficient high-quality patient care and to support delivery system improvements across the State.
- The overarching goals of the Program are to:

Implement standardized pay-for-performance programs that reward or penalize hospitals based on patient outcomes;

Utilize **a broad set of quality measures** that appropriately reflects the delivery of quality health care services provided at Maryland hospitals;



Provide timely and accurate year-to-date reports on quality initiatives using hospital case-mix data;

Align the incentives for enhancing health care quality in the hospital setting with **broader State health initiatives**.

Hospital Quality Adjustments

The following are HSCRC's four main quality payment incentive programs:

Maryland Hospital Acquired Conditions (MHAC) Program

Motivates hospitals to reduce infections and complications acquired during a hospital stay

Quality Reimbursement Program (QBR)

Focuses on patient experience, patient safety, and clinical quality outcomes

Readmissions Reduction Incentive Program (RRIP)

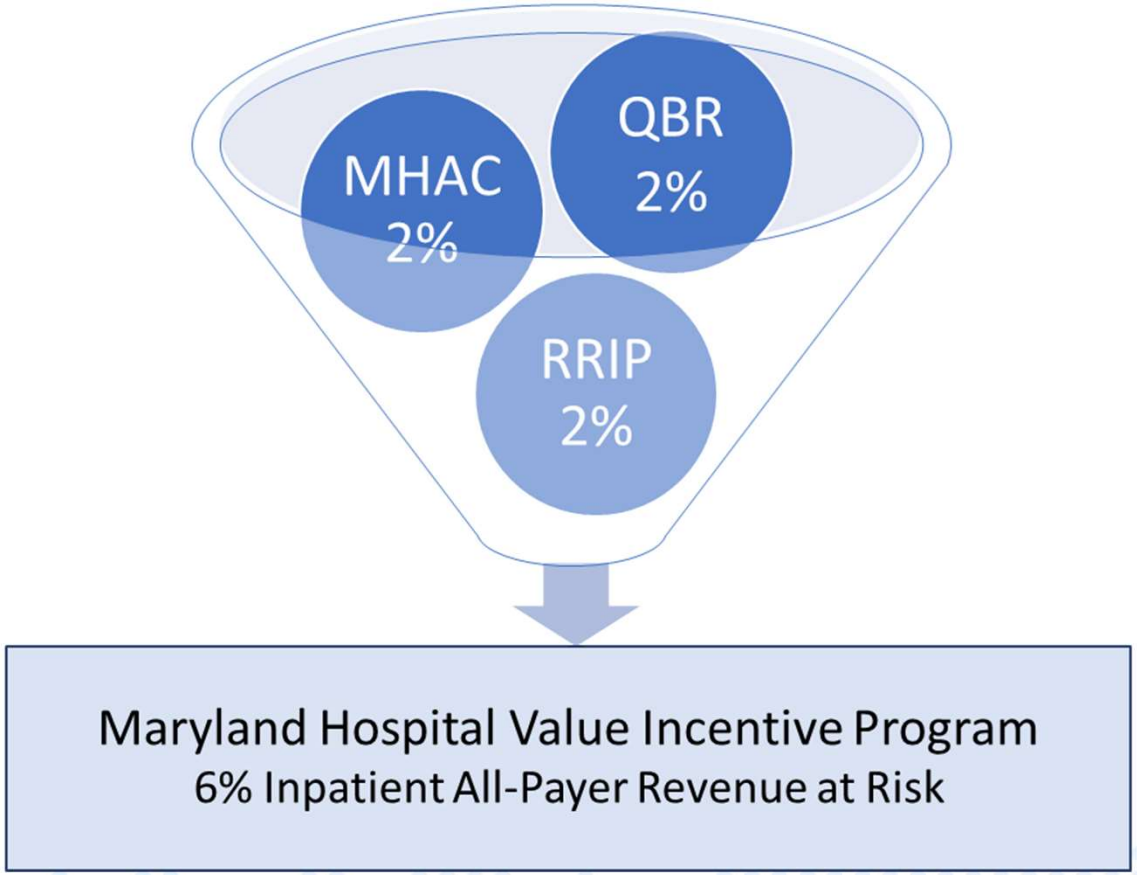
Encourages hospitals to reduce readmissions within 30 days of discharge

Potentially Avoidable Utilization (PAU)

Focuses on improving patient care and health through reducing potentially avoidable utilization

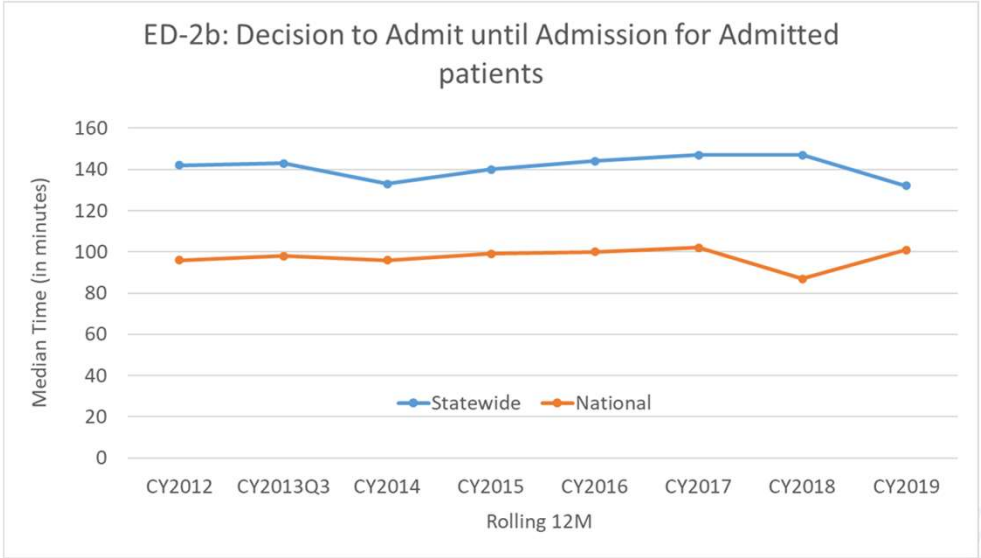
HSCRC's quality programs are similar to federal Medicare pay-for-performance programs, but are, wherever possible, All-Payer (instead of Medicare-only) and tailored to address MD's unique quality improvement strategies

Quality Programs Hospital Revenue At-Risk



Emergency Department Wait Times: Quality Measure

- Included in hospital quality reimbursement program in 2018-2019
- Suspended when CMS stopped collecting data
- HSCRC established data collection for Maryland hospitals
- ED-2 measure will likely will be added to pay-for-performance program soon.

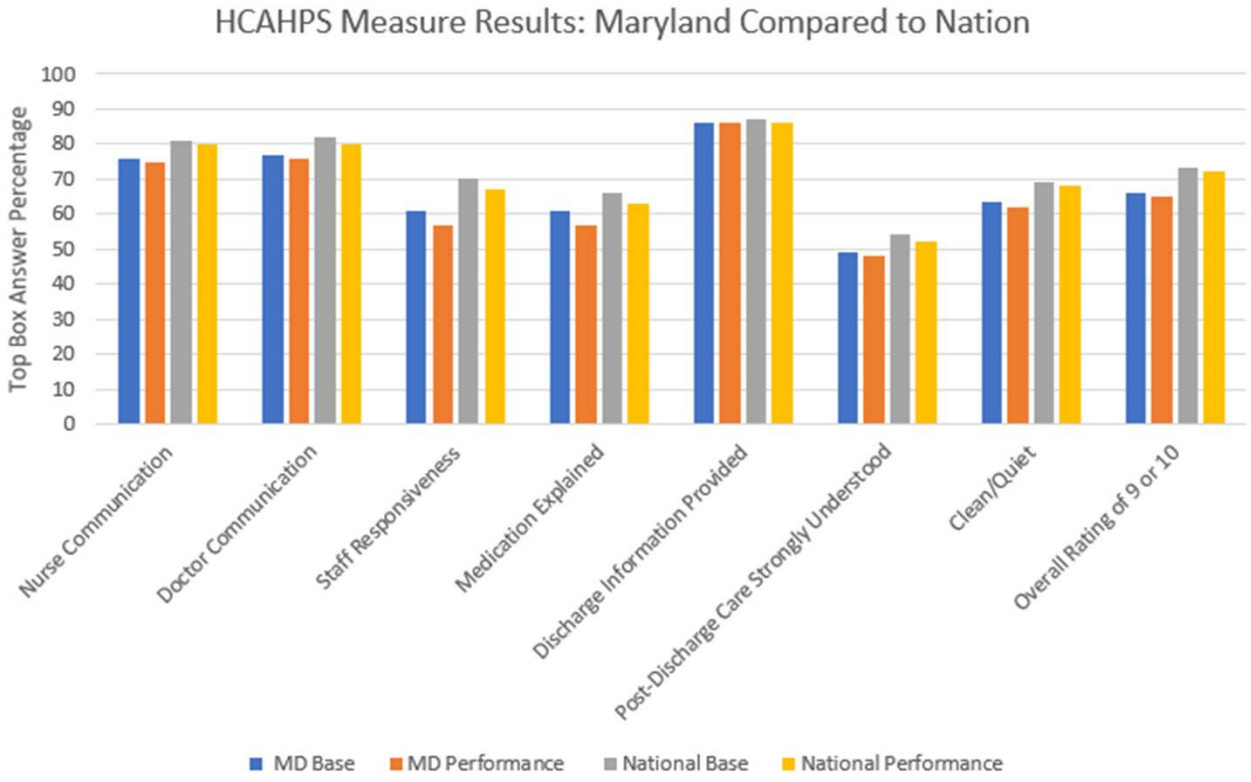


Future: Increase accountability for hospitals to improve throughput and reduce ED overcrowding and wait times

a. QBR pay-for-performance programs
b. Investigate EMS turnaround measurement and incentives
c. Identification of high utilizers to prevent potentially avoidable/unnecessary ED utilization

Maryland Performs Below the National Average on HCAHPS

HCAHPS Top Box Results: Maryland Compared to the Nation, CY 2019 vs 10/1/20-9/30/21



Maryland Efforts to Improve Performance on HCAHPS:

- Hospital incentive has been increased to twice that of hospitals outside of Maryland
- In 2018, MHA initiated a Patient Experience Mentoring Program that identified hospitals whose patient satisfaction scores exceeded the Nation average, and improved over time.
- In 2019, MHA conducted a Patient Experience learning Conference
- This year, HSCRC has committed to:
  - Identifying hospital HCAHPS leaders
  - Learning from patient-level HCAHPS results
  - Asking hospitals to adopt best practices

Center for Medicare and Medicaid Innovation Areas of Focus

CMS Innovation Center's Strategic Objectives

Feedback on Quality Programs in TCOC Model:

- Concerns of patient experience
- Advance Health equity
- Foster best practices
- All-Payer/Multi-payer alignment
- Readmissions
- ED concerns
- Population health accountability

TCOC Physician Programs: Episode Quality Improvement Program

- Managed by HSCRC
- Specialty physicians agree to cost and quality accountability across an episode of care for Medicare Beneficiaries
- EQIP currently has 48 episodes with many participating specialities.
- Pay-for-performance quality measures:
  - Designed to be uniform across episodes.
  - Providers must-
    - check patient BMI,
    - conduct medication reconciliation, and
    - check whether the patient has an advanced care plan (and discuss advanced care plans with patients that do not).

MDPCP's Advanced Primary Care Requirements

Care Transformation Requirements

Access & Continuity – Expanded Access | Alternative Visits (+Telemedicine)

Care Management - Risk-Stratification | Transitional Care Management | Longitudinal, Relationship-Based | Comprehensive Medication Management

Comprehensiveness & Coordination - Behavioral Health Integration | Social Needs Screening & Referral

Beneficiary & Caregiver Experience - Patient Family Advisory Councils | Advance Care Planning

Planned Care for Health Outcomes - Continuous Quality Improvement | Advanced Health Information Technology | CRISP

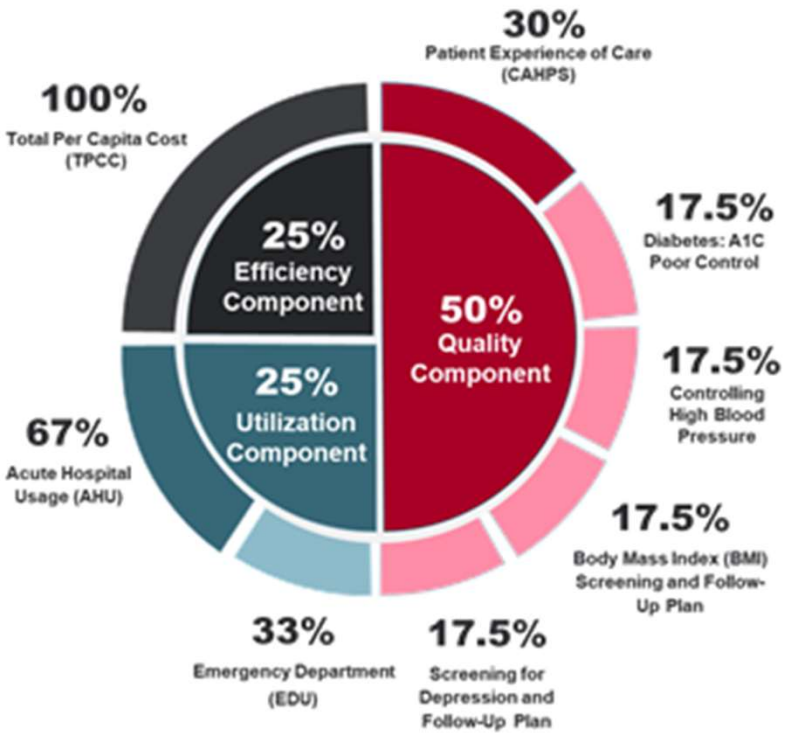
MDPCP Performance Metrics

Clinical Quality measures aligned with State goals – Diabetes Control, Hypertension Control, BMI assessment and follow-up, and Depression assessment and follow-up

Patient engagement - CAHPS survey for clinicians and groups

Utilization that drives total cost of care - Inpatient hospitalizations and ED visits for Medicare FFS beneficiaries

Total Per Capita Cost - observed to expected (O/E) ratio of total Medicare costs, for Track 2 & Track 3 practices only.



***For T1 practices: the utilization component makes up 50% of PBIP and there is no TPCC measure**

Discussion

1. Are the quality metrics discussed today meaningful to you? To patients?

1. Are there other quality metrics that you think should be measured?

Note- Metrics related to equity are discussed later in today's meeting

Public Comment

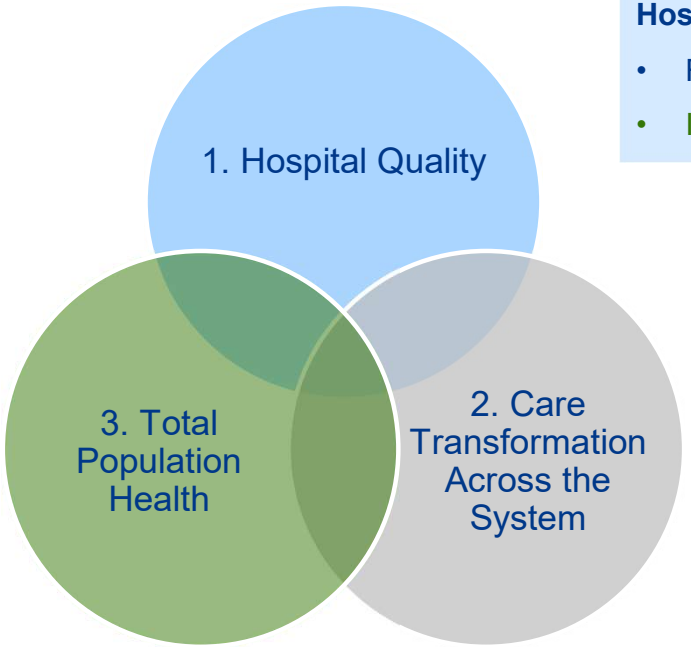
Population Health and Health Equity

HSCRC Health Equity and Population Health Initiatives

The HSCRC is committed to working to ensure Maryland eliminates long standing health disparities and achieves more equitable health outcomes on a population-wide basis. HSCRC addresses health equity and population health through the following initiatives:

- Statewide Integrated Health Improvement Strategy
- Hospital Quality Program
- Special Funding Programs
- Data and Hospital Reporting
- Financial Assistance & Uncompensated Care Fund
- State Agency Collaboration

Statewide Integrated Health Improvement Strategy



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):
  - Reduce severe maternal morbidity rate
  - Decrease asthma-related emergency department visit rates for ages 2-17

*Value-based models including the Care Redesign Program, Care Transformation Initiatives, and qualifying successor models.

Outcome-Based Credits (OBC)

- Outcome-Based Credits are an opportunity for Maryland to earn financial credits under the TCOC Model that are applied to **the State's TCOC savings target** for improvements in population health.
- Maryland is required to propose **three outcomes-based credits** to CMS for approval.
- The OBCs are **not directly linked to SIHIS or MDPCP.**

Diabetes

CMS approved an outcomes-based credit on diabetes.

In 2021, Maryland generated **$5M through this OBC by preventing 350 diabetes cases.**

If verified by CMS, the $5M would be **credited to the State's 2021 TCOC savings.**

Opioid Use Disorder

The **State is developing** an outcomes-based credit on Opioid Use Disorder incidence.

The State **plans to propose this credit to CMS in 2023**.

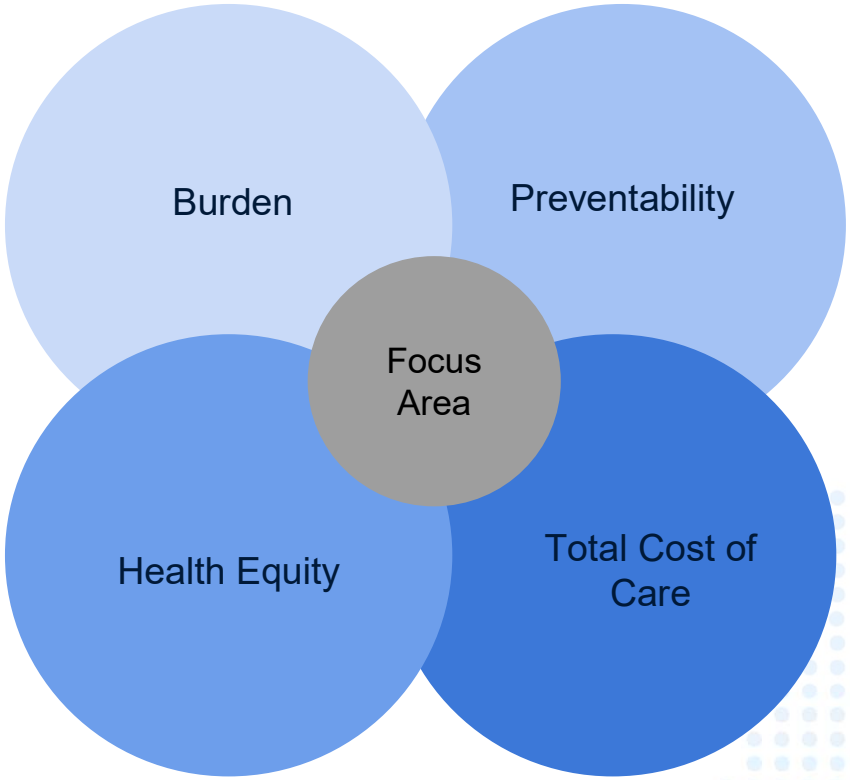
Hypertension

The **State is developing** an outcomes-based credit on hypertension.

Staff plans to **propose this credit to CMS in 2023**.

Selecting Population Health Focus Areas

- Focus areas should be at the center of Burden, Preventability, Health Equity and Cost
- This approach led to selection of diabetes/BMI, opioid use disorder/mortality, hypertension*, and maternal and child health as focus areas for TCOC model
- Will likely repeat analysis and re-define priorities for new model



The RRIP's Disparities Component

The Readmissions Reduction Incentive Program (RRIP) includes a **within-hospital disparities readmissions measure,** making it the **only statewide program in the nation** with an **incentive for reducing disparities in all-payer readmission rates.**

HSCRC rewards hospitals with reductions in year-over-year overall readmission rate disparities related to race and socioeconomic status, with the goal of a 50% reduction in disparities over 8 years.

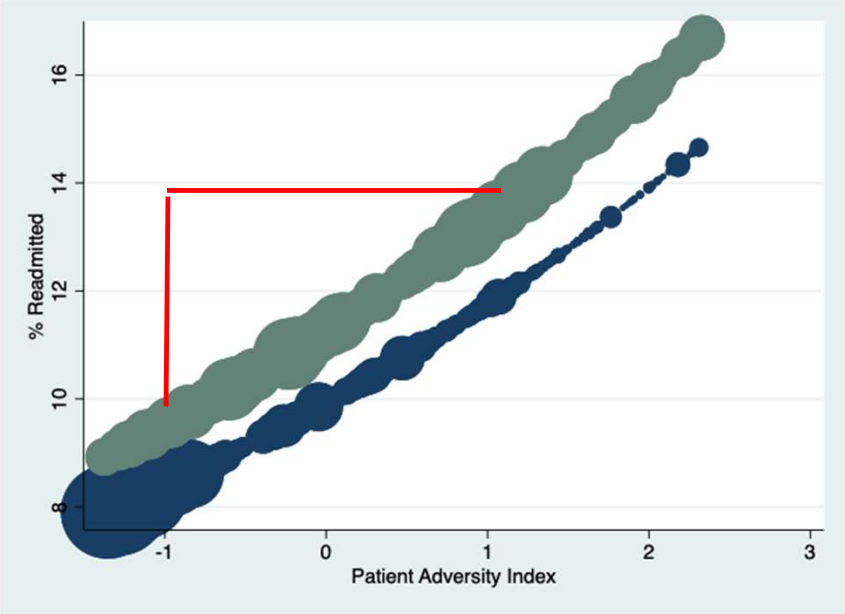
Rewards are scaled:

- Rewards begin at 0.25% IP revenue for hospitals on track for 50% reduction in the disparity gap measure over 8 years, beginning in 2018
- Rewards are capped at 0.50% of IP revenue for hospitals on pace for a 75% or larger reduction in the disparity gap measure over the 8-year time period.

Key Components of Readmissions Disparity Methodology

- Measure patient-level social exposures
  - Patient Adversity Index (PAI) = race, Medicaid coverage, ADI
- Estimate association between social exposures and readmission risk at hospital level for baseline (2018)
  - Adjust for patient acuity and hospital average of social exposures
- Estimate the association for each performance year
- Difference between performance and baseline is disparity improvement

Understanding the Disparity Measure

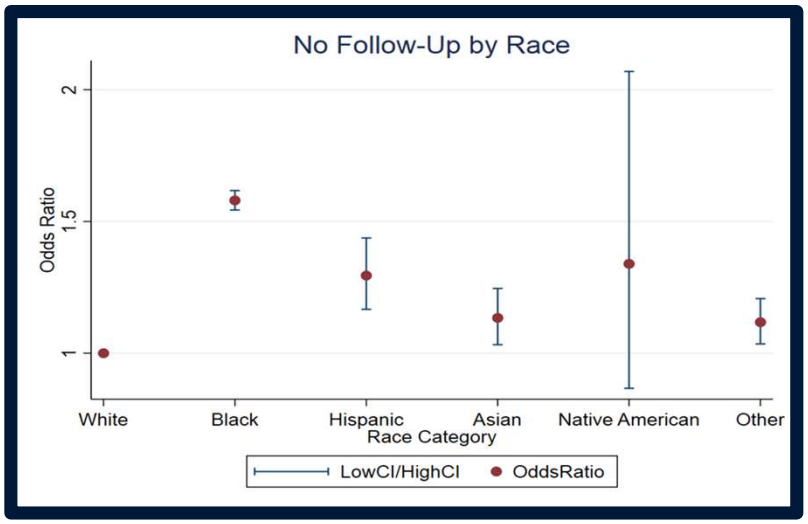


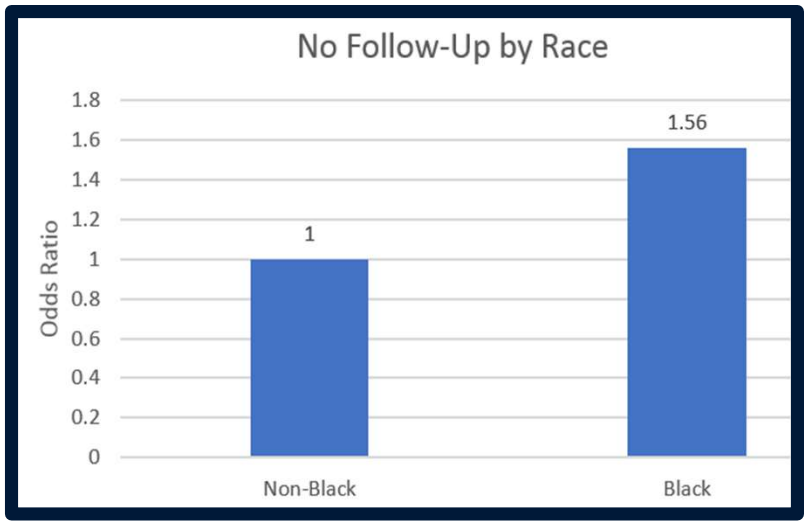
The multilevel model estimates the slope of the line connecting readmission rates at various levels of PAI within a hospital. A steeper slope means there is a larger disparity between rates for higher-PAI patients and rates for lower-PAI patients.

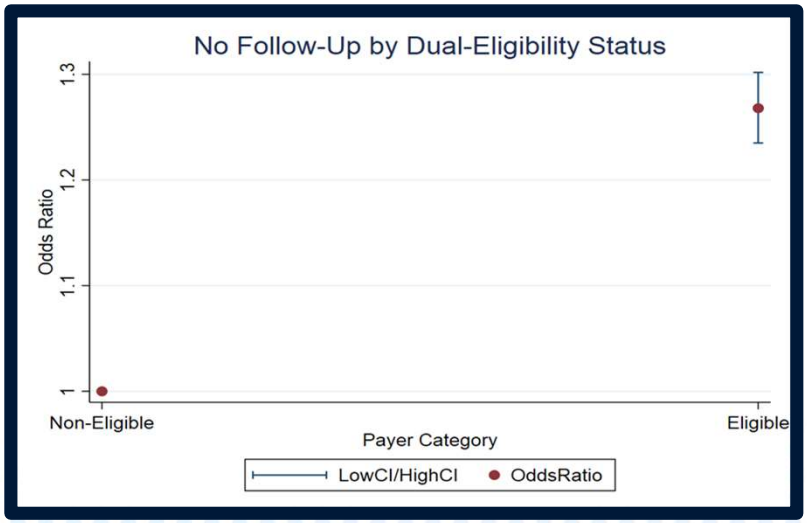
Timely Follow-Up (TFU) After Acute Exacerbations of Chronic Conditions

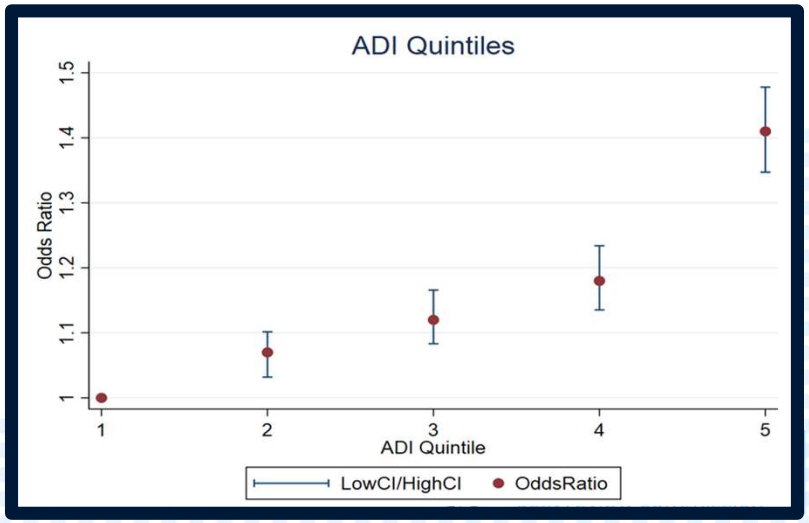
- National Quality Forum endorsed health plan measure that looks at percentage of ED, observation stays, and inpatient admissions where a follow-up was received within clinically recommended time frame for one of the following six conditions:
  - Hypertension (7 days)
  - Asthma (14 days)
  - Heart Failure (14 days)
  - CAD (14 days)
  - COPD (30 days)
  - Diabetes (30 days)
- Important link between hospitals and primary care
- Chronic conditions overlap with PQIs
- Medicare related SIHIS goal of 75 percent or 1 percent better than nation
- Medicare and Medicaid measures are 5% of QBR Program

Odds Ratio for TFU by Socio-Demographic Factor



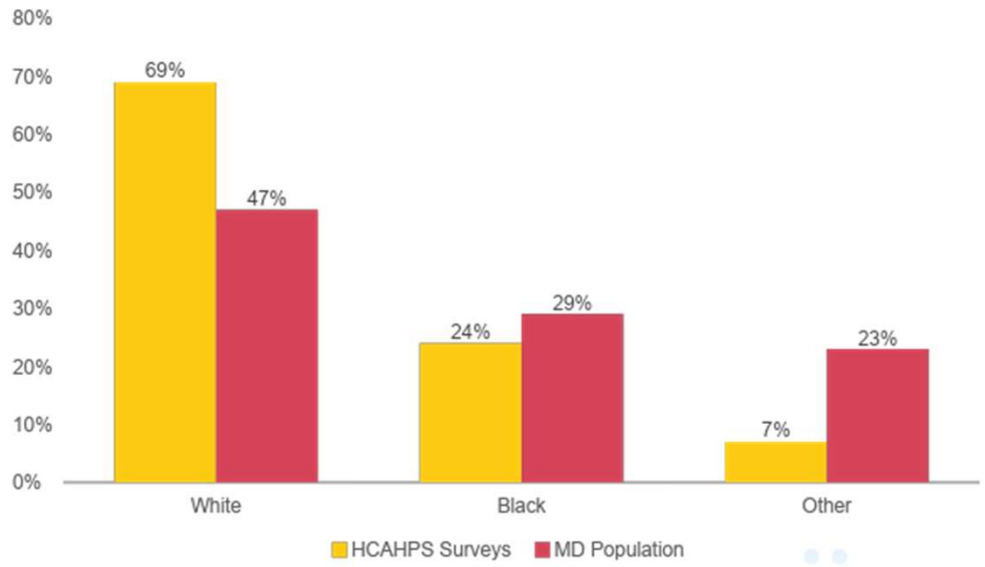






HCAHPS Surveys: Demographics by Race

- Q3 2021 – Q2 2022 (33,134 surveys)
- MD population data from 2020 Census



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HCAHPS Survey: Maternity Service Line – Black Women

- Denominator – 4,760
  - Black – 1,456 (31%)
  - Other – 3,304 (69%)
- Significant differences between black and other races
  - Would Recommend – Significantly more “No” reported by black women than expected
  - Overall Rating – Significantly more “6 or lower” reported by black women than expected

Would Recommend		
	Yes (96%)	No (4%)
Black	30%	49%
Other	70%	51%

Overall Rating			
	6 or lower (7%)	7 or 8 (24%)	9 or 10 (70%)
Black	47%	32%	28%
Other	53%	68%	72%

Health Equity: Next Steps

- Continue to incentivize disparity reductions in readmissions
- Begin development of additional health equity quality measures
  - Analyses show that payer, racial, and area deprivation disparities exist within the TFU and Avoidable Admissions measures
  - Assessing the application of the PAI to TFU and Avoidable Admissions
- Add SOGI data collection to case-mix requirements
  - Hospital Survey sent out to understand current landscape and barriers to collection
- Further analyze HCAHPS disparities
  - MHCC receives patient-level HCAHPS files which allows Staff to analyze disparities in HCAHPS performance

Discussion

1. **Population Health:** How can we use information/suggestions from consumers to inform the selection of future population health priorities? Are there topics that you think should be on the list?

1. **Health Equity:** It is important that all patients-

- get the same level of care,
- have the same health outcomes, and
- feel safe and respected

when they interact with hospitals, doctors, and staff.

A. What could providers do to help improve health equity?
B. Are there other socio-demographic factors that Staff should stratify by?

Public Comment

Next Steps

- HSCRC staff will incorporate feedback from this work group and other workgroups into draft progression plan which will be the basis of the State's negotiation w/ CMS on the future of the Total Cost of Care Model

- HSCRC staff will share opportunities for public input on this document.

- Future Meetings?

Thank you!

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Appendix

Workgroup Scope: Many health care issues are not related to the Model agreement with CMMI

- HSCRC Responsibilities
  - Hospital Financial Assistance
  - Hospital Medical Debt Collection
  - Hospital Community Benefits Reporting
- Other topics
  - Insurance regulation (eligibility, coverage, and cost-sharing*)
  - Facility and Provider Licensure.

Workgroup recommendations to Commissioners should prioritize items related to future model agreements with CMMI

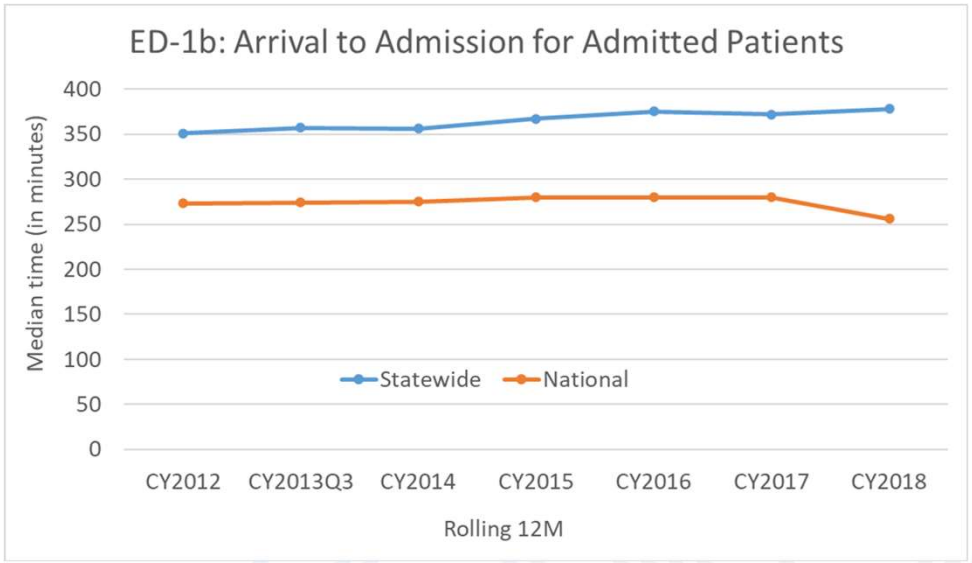
**The Total Cost of Care standing workgroup may discuss Medicare cost-sharing, which could be addressed through a future version of the Model.*

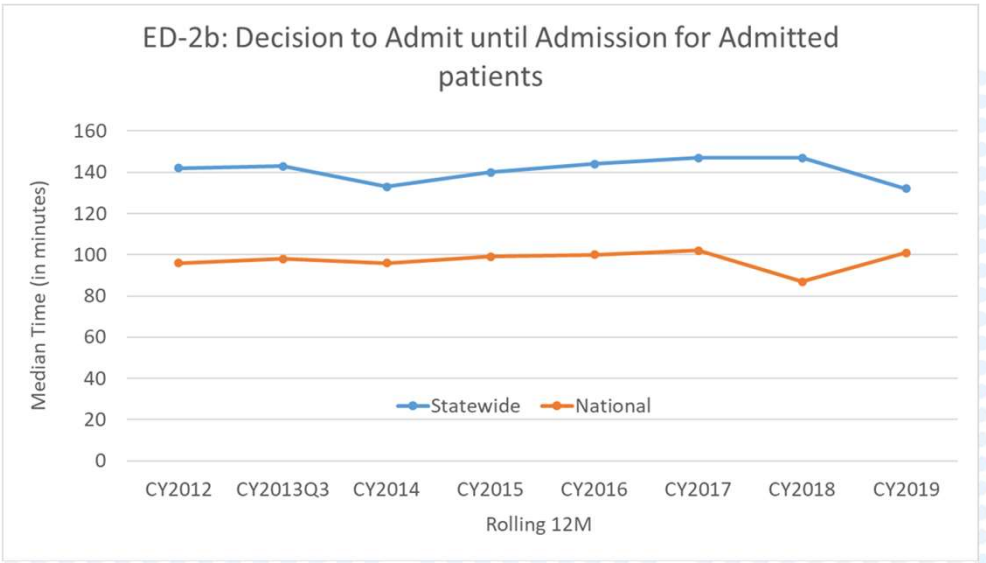
Guiding Principles for TCOC Model Expansion

1. The Progression Plan should further the goals of the Maryland Health Model to lead the nation in health equity, quality, access, cost of care, and consumer experience through aligned incentives and value-based payment methodologies across providers and payers.
2. The Progression Plan should include high-level recommendations that are feasible to implement and build upon existing initiatives and programs, where possible.
3. The Progression Plan should utilize State flexibility in order to tailor delivery system and payment reform efforts unique to Maryland.
4. The Progression Plan recommendations should adhere to the all-payer nature of the system to align quality and cost incentives across payers.
5. The Progression Plan recommendations should be established through a collaborative public process.

Inpatient Emergency Department Wait Times

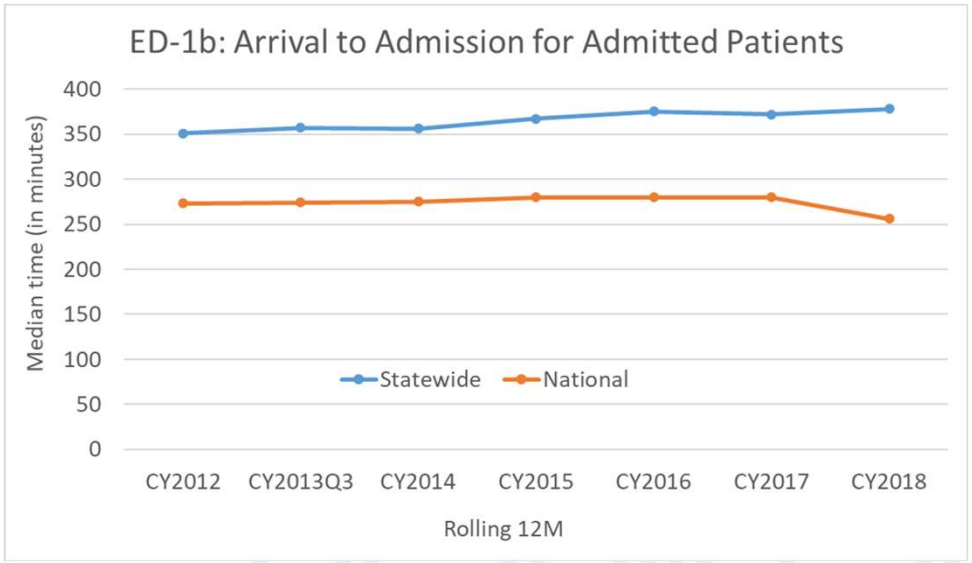
- Data prior to CY 2014 is not available
- Outpatient ED wait times in Maryland are also higher than the nation
- CMS continues to collect outpatient ED wait times; outpatient ED wait times are correlated with IP wait times

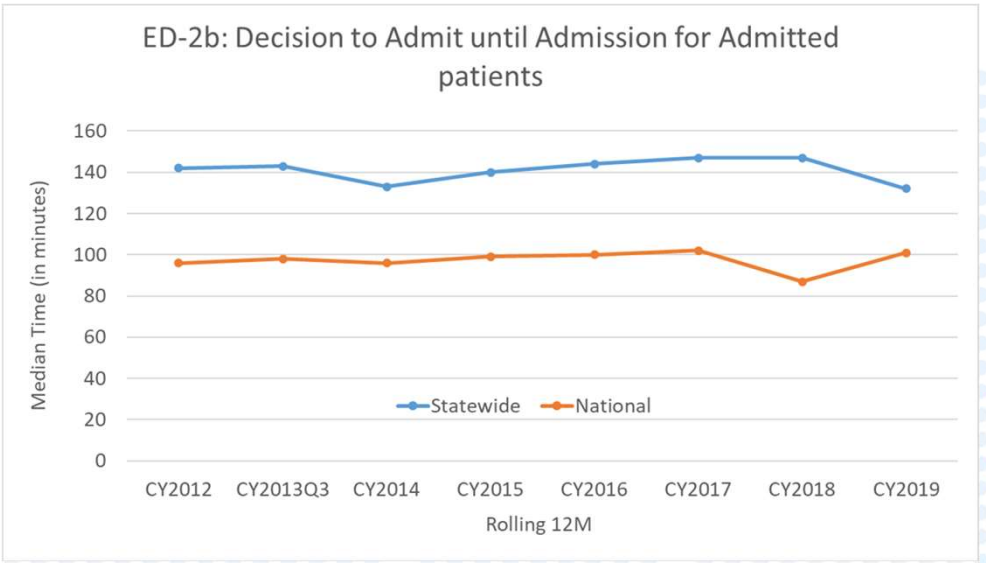




Outpatient Emergency Department Wait Times

- Measures are for patients who are admitted to the hospital from the ED
- CMS discontinued measures ED-1b and ED-2b in 2019 and 2020, respectively
- HSCRC has started collecting ED-2.
- ED wait times in Maryland have been consistently higher than the nation since before the start of the All-Payer model





Hospital Quality Program Updates (MedPAC,Universal Foundation, CMMI, HSCRC)

CY21 and Prior	CY22	CY 23	CY 24	CY25	CY26	New TCOC Model
-Use absolute performance standards**	-Develop 30-day all condition mortality measure***	-Engage stakeholders in digital measures group****	-Develop new targets for RRIP*	-Assess/update safety measure portfolio	-Develop monitoring reports for streamlined quality program	**Implement Enhanced Hospital Quality Program/s**
-Use prospective targets**	-Begin state collection of digital measures/ electronic clinical quality measures (eCQMs)***	-Add perinatal eCQMs****	-Include ED wait times in payment policy*	-Evaluate QBR domains and measures	-Reassess revenue at-risk across quality programs	
-Use all-condition measures**		-Collaborate with MHA and on HCAHPS improvement***	-Consider adding perinatal or other electronic measures payment policy*	-Assess risk-adjustment across programs		
-Distribute rewards based on a continuous scale of points**		-Implement patient follow up rates for Medicaid***	-Develop infrastructure for PROMs			
		-Implement 30 day mortality, follow up for Beh Hlth, excess cays in acute care (EDAC) Monitoring Reports****				
		-Consider plan for all-payer patient reported outcome measures (PROMs)*				
		-Develop progression plan recommendations*				
		Consider options for streamlining Hospital quality programs***				

SIHIS Population Health Goal – Diabetes

Goal: Reduce the mean BMI for adult Maryland residents	
Measure	Mean BMI in the population of adult Maryland residents
2018 Baseline	State Mean BMI for 2018 = 28.19 kilograms / square meter
2021 Year 3 Milestone **(All Met)**	Delaware, Virginia, Mississippi, and Washington, DC were selected as the cohort of states to serve as the control group to measure progress. Launched the Diabetes Prevention and Management Program track of the HSCRC Regional Partnership Catalyst Program. Incorporated a quality measure for all MDPCP practices requiring BMI measurement for all patients, and for patients with an elevated BMI, requiring documentation of a follow-up plan (applying inclusion/exclusion criteria from MIPS measure 128). Expanded the CRISP Referral Tool to Regional Partnerships to increase patient referrals for Diabetes Prevention Programs.
2023 Year 5 Target	Achieve a more favorable change from baseline mean BMI than a group of control states
2026 Year 8 Final Target	Achieve a more favorable change from baseline mean BMI than a group of control states

SIHIS Population Health Goal – Opioid Use

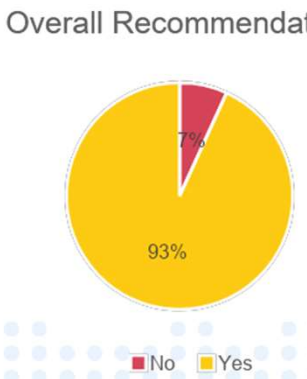
Goal: Improve overdose mortality	
Measure	Annual change in overdose mortality as compared to a cohort of states with historically similar overdose mortality rates and demographics.
2018 Baseline	Age-adjusted death rate of 37.2/100,000
2021 Year 3 Milestone **(All Met)**	Massachusetts, New Jersey, Delaware, and Washington, DC were selected as the cohort of states to serve as the synthetic control group to measure progress. Launched the Behavioral Health Crisis Programs track of the HSCRC Regional Catalyst Program. Expanded Screening Brief Intervention and Referral to Treatment (SBIRT) to 200 practices participating in the Maryland Primary Care Program (MDPCP)
2023 Year 5 Target	Achieve a more favorable trend in overdose mortality rate as compared to the weighted average of control states.
2026 Year 8 Final Target	Achieve a more favorable trend in overdose mortality rate as compared to the weighted average of control states

SIHIS Population Health Goal – Maternal and Child Health

	Maternal Health Goal: Reduce severe maternal morbidity rate	Child Health Goal: Decrease asthma-related emergency department visit rates for ages 2-17
Measure	Severe Maternal Morbidity Rate per 10,000 delivery hospitalizations	Annual ED visit rate per 1,000 for ages 2-17
2018 Baseline	242.5 SMM Rate per 10,000 delivery hospitalizations	9.2 ED visit rate per 1,000 for ages 2-17
2021 Year 3 Milestone (All Met)	Restarted the Perinatal Quality Collaborative. Piloted a Severe Maternal Morbidity Review Process with eight Birthing hospitals Completed Maryland Maternal Strategic Plan. Launched MCH investments to support Medicaid/MCO and Public Health initiatives.	Obtained Population Projections. Developed of Asthma Dashboard. Launched MCH investments to support Medicaid/MCO and Public Health initiatives. Incorporated asthma-related ED visit as a Title V State Performance Measure and shifted some of the Title V funds for asthma-related interventions.
2023 Year 5 Target	219.3 SMM Rate per 10,000 delivery hospitalizations	Achieve a rate reduction from 2018 baseline to 7.2 in 2023 for ages 2-17
2026 Year 8 Final Target	197.1 SMM Rate per 10,000 delivery hospitalizations	Achieve a rate reduction from the 2018 baseline to 5.3 in 2026 for ages 2-17

HCAHPS: Would Recommend the Hospital

- Collapsed Scores
- Denominator – 33,134
  - No = *Definitely No/Probably No - 2,263(7%)*
  - Yes = *Definitely Yes/Probably Yes* - 30,871 (93%)



- Chi-square test shows marginal differences in Recommendation (Yes/No) between races
  - More blacks report “No” than expected

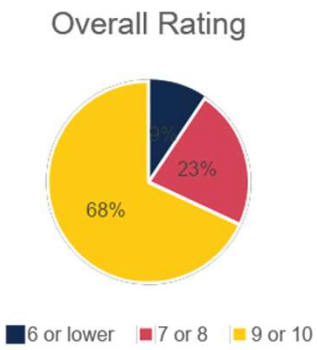
	Yes (93%)	No (7%)
White	70%	67%
Black	24%	27%
Other	7%	7%

Slide 44

1 Are these CAHPS scores? I just want to clarify the headings on the slides
Megan Renfrew -MDH-, 3/14/2023

HCAHPS: Overall Rating

- Collapsed Ratings 1-10
- Denominator – 33,134
  - 6 or lower – 3,121 (9%)
  - 7 or 8 – 7,458 (23%)
  - 9 or 10 – 22,555 (68%)

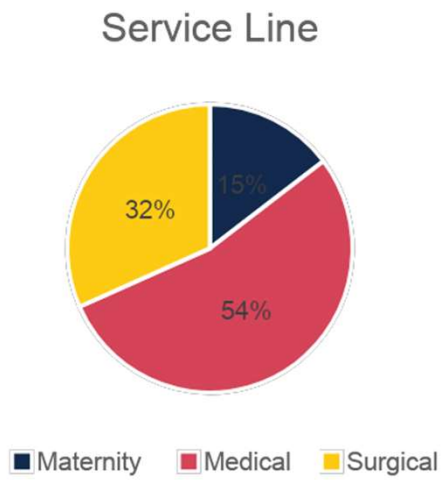


- Chi-square test shows marginal differences in Overall Rating between races
  - Fewer white, more black in the 6 or lower category

	6 or lower (9%)	7 or 8 (23%)	9 or 10 (68%)
White	67%	70%	70%
Black	26%	23%	24%
Other	7%	7%	6%

HCAHPS: Service Lines

- Denominator - 32,520
  - Maternity - 4,760 (15%)
  - Medical - 17,475 (54%)
  - Surgical – 10,285 (32%)



- Black & Other is higher in the maternity service line than medical and surgical

	Maternity (15%)	Medical (54%)	Surgical (32%)
White	56%	69%	75%
Black	31%	25%	20%
Other	14%	5%	5%

State Resources for Patients

HSCRC can help consumers with complaints about hospital charges/bills, financial assistance, medical debt collection, or facility fee notices. If you have a complaint related to one of these areas and would like assistance, please email hscrc.patient-complaints@maryland.gov with the details of your complaint.

For information on nursing homes, hospitals, hospice, assisted living facilities, including quality and performance reports and price comparisons, visit the Maryland Health Care Commission's Maryland Quality Reporting website. (https://healthcarequality.mhcc.maryland.gov/)

Education and consumer support related to health insurance is available from the Maryland Insurance Administration (https://insurance.maryland.gov/Consumer/Pages/default.aspx)

Complaints about patient care and facility safety go to the Office of Health Care Quality in the Maryland Department of Health https://app.smartsheet.com/b/publish?EQBCT=07c94438f6714af1bbfe8ff1037b8b74

The Health Education and Advocacy Unit of the Office of the Attorney General is available to assist patients or their authorized representative in filing and mediating complaints related to health care bills and other health care issues. HEAU@oag.state.md.us