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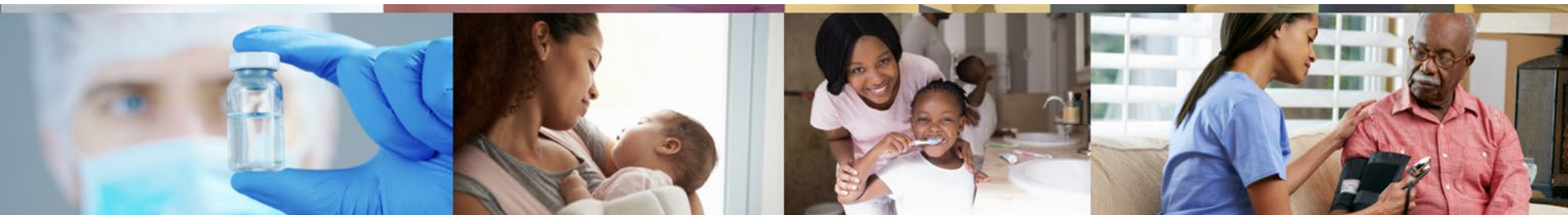
Population Health Transformation Advisory Committee

Meeting 1

Elizabeth Kromm, Director, Prevention and Health Promotion Administration, MDH

Camille Blake Fall, Director, Office of Minority Health and Disparities, MDH

February 5, 2024



Technical Logistics

- For speaking/asking questions:

  Members (Panelists):

  - Please **use the "Raise hand" function** at the bottom of your screen and unmute yourself once the presenter has recognized you to speak ***OR*** send a **chat message** to "All Panelists."

  Non-members (Attendees):

  - There will be a public comment period at the end of the meeting. Please **use the "Raise hand" function** at the bottom of your screen and unmute yourself once the presenter has recognized you to speak during the public comment period.
  - You may also send written comments to mdh.maryland-model@maryland.gov email if you wish or if we run out of time during the public comment period.

- Muting (Everyone): Unless you have raised your hand and have been recognized to speak, **please keep yourself on mute**.
- Technical issues (Everyone): Please **send a chat message to Rick Stoddard** (Host).
- Closed Captioning (Everyone): M**ay be turned on/off by clicking the "CC" icon** in the lower left corner of the Webex window.

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Agenda

- Introductions and goals of P-TAC
- AHEAD Overview
- AHEAD Population and Health Equity Requirements
- Health Equity Definition Discussion
- Maryland's Foundation for AHEAD Planning
- Discussion
- Public Comment
- Next Steps

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Introductions

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P-TAC Members

Chairs

- Camille Blake Fall, (Maryland Dept. of Health)
- Elizabeth Kromm, Ph.D., M.Sc. (Maryland Department of Health)

Members

- Andrea Brown (Black Mental Health Alliance)
- Ashyrra C. Dotson (Eastern Shore Wellness Solutions)
- Claudia Wilson Randall (Community Development Network of Maryland)
- Delegate Heather Bagnall (House of Delegates, District 33C)
- Farzaneh (Fazi) Sabi, M.D. (Kaiser Permanente Mid-Atlantic States)
- Geoff Dougherty, Ph.D., MPH (Health Services Cost Review Commission)
- Heather Kirby (Frederick Health)
- Heather Zenone (Maryland Department of Human Services)
- Jenna Crawley (Maryland Department of Aging)
- Jimmie Slade (Community Ministry of Prince George's County)
- Joseph Winn (Maryland Managed Care Organization Association)
- Kesha Baptiste-Roberts, Ph.D. (Morgan State University)
- Kisha Davis, M.D., MPH, FAAFP (Maryland Association of County Health Officers Representative, Chief Health Officer, Montgomery County)
- Mary Gable (Maryland State Department of Education)
- Nikki Highsmith Vernick, MPA (Horizon Foundation)
- Suzanne Schlattman, MPH, MSW (HealthCare for All)

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Advisory Committees

Population Health Transformation Advisory Committee (P-TAC)	Primary Care Transformation Advisory Committee (PCP-TAC)	Healthcare Transformation Advisory Committee (H-TAC)
• Advise the State on the approach to equity-centered population health improvement.	• Advise the State on the approach to equity-centered population health improvement through access to robust, value-based primary care.	• Advise the State on continued transformation of Maryland's healthcare delivery system, including all-payer cost growth targets.

160 applicants.

Clinicians, public health experts, consumers, academic institutions, hospitals, and payers.

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Goals of the Advisory Committee

P-TAC will support the development Maryland's application to the AHEAD Model:

a. Identify critical elements of existing strategies, plans and mandates to serve as a foundation for a statewide population health and health equity plan.
b. Assess the current landscape of funding sources and identify opportunities to better align investments across sectors to advance population health and health equity goals.
c. Advise on development of population health and health equity measure set and identify need for new methods/models to measure collective impact of interventions targeting population health improvement and health-related social needs.
d. Advise on approaches to local and/or regional oversight to coordinate efforts that build community capacity to advance population health and health equity goals.

Application due date: March 18, 2024 at 3pm

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AHEAD Overview

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Vision

Equity and Excellence in Maryland's Health Care Delivery System that Improves the Health of All

- Community
- Primary Care
- Specialty Care
- Hospital Care
- Post Acute Care
- Palliative Care
- End of Life Care

Equity, Community, & Population Health

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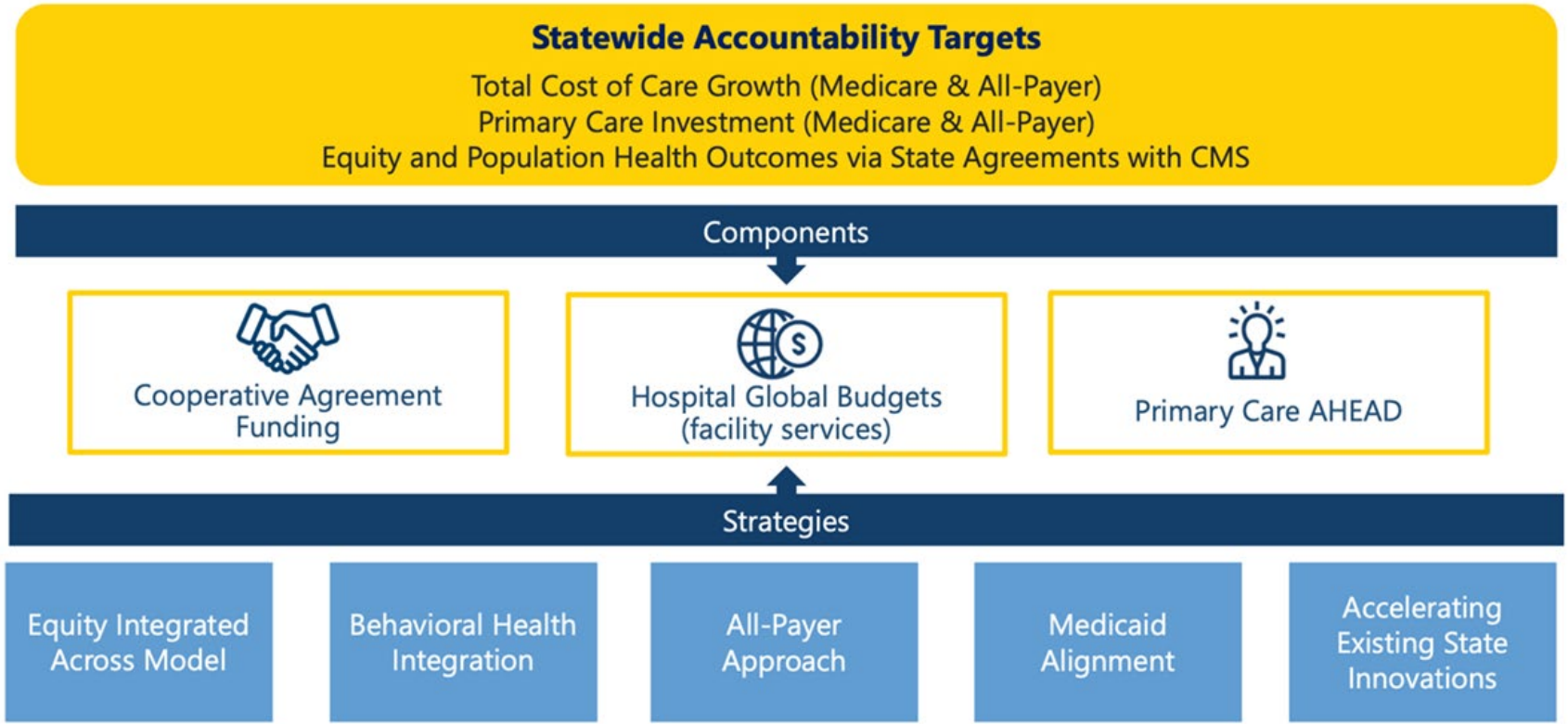
States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model



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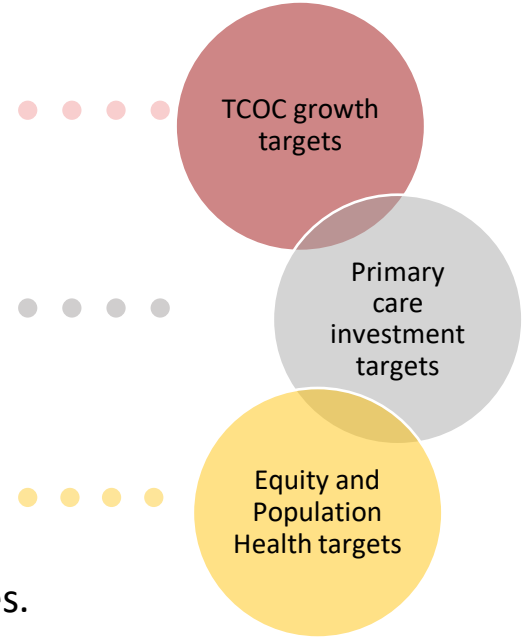
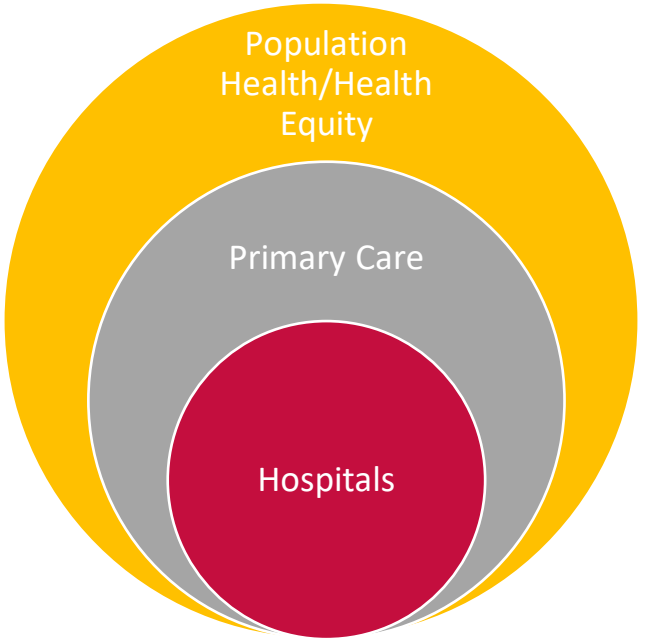
AHEAD Builds on the TCOC Model

The States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model is a state total cost of care (TCOC) model designed to:

- curb growth in healthcare cost spending;
- improve population health; and
- advance health equity by reducing disparities in health outcomes.



Similar to the Maryland Total Cost of Care (TCOC) Model, AHEAD focuses on three overlapping domains to achieve its goals.



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The Maryland Health Model is important to our State

The Maryland Health Model improves the quality of life of Marylanders by:

- Controlling hospital cost growth while enhancing quality (care is provided in the right setting at the right time).
- Guaranteeing equitable funding of uncompensated care
- Stabilizing hospitals in order to ensure access to care in all parts of the state (ex. COVID-19)
- Equalizing hospital charges for all payers (including the uninsured), benefiting consumers, and employers
- Supporting population health and health equity initiatives

Losing the Model would deprive **Maryland communities of these benefits**.

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Why AHEAD

The Total Cost of Care TCOC Model agreement, which is key to Maryland's all-payer rate setting authority, is authorized through December 2026.

CMMI developed AHEAD as the federal policy approach for state implementation of population-based payment models.

AHEAD is the pathway to secure continuation of the Maryland Model.

The AHEAD Model enables Maryland to **continue and expand on its long-term commitment** to statewide improvements in healthcare quality while controlling costs.

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What Maryland Brings to the Table

The AHEAD Model reflects decades-long lessons from Maryland and other states. Thus, Maryland brings many unique strengths to its AHEAD application, including:

- Maryland has a long history of **successfully financing healthcare on an all-payer basis**.
- Maryland has the opportunity to **harness existing momentum and align** different **health equity promotion activities** at the local and state levels.
- **Maryland's Medicaid program has partnered for decades** with the HSCRC to implement innovative payment models.
- The **robust Maryland Model governance structure** provides a solid foundation for evolution of AHEAD Model governance.
- Maryland's experience **operating the Maryland Primary Care Program** will help advance the goals of Primary Care AHEAD.
- Maryland's **technical expertise in establishing and improving global budgets** is unparalleled.
- Maryland's **decades of investment in a robust data infrastructure** support AHEAD Model success.

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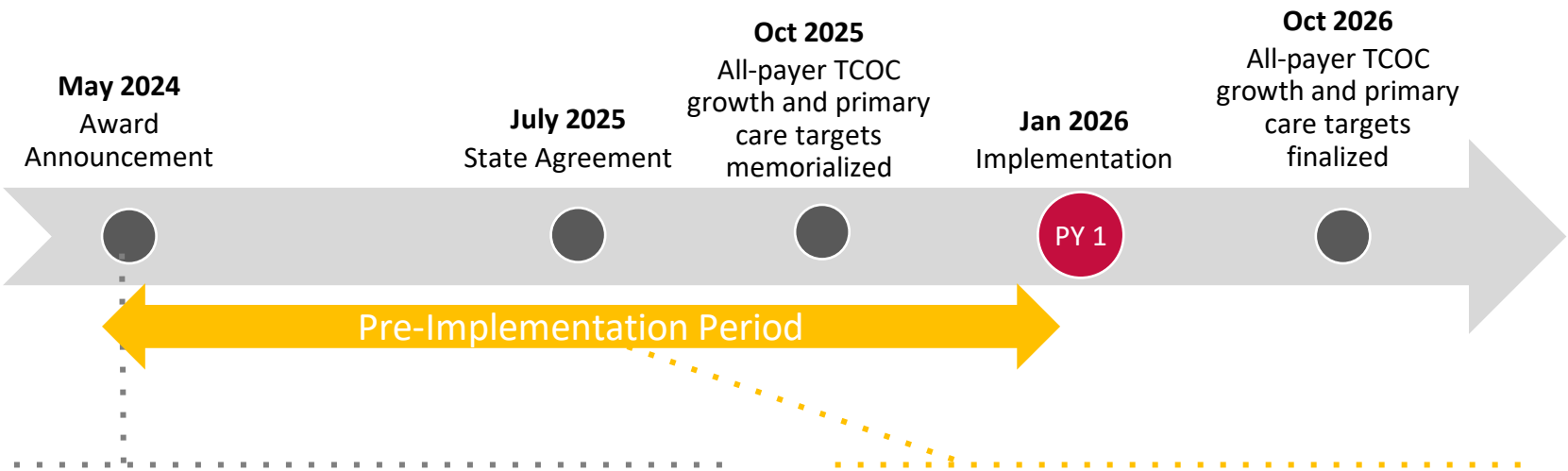
TCOC Model and AHEAD

Feature	MD TCOC Model	AHEAD
Hospital Global Budgets	Maryland has a well developed all payer hospital global budget model.	Maryland can use the same methodology under AHEAD, subject to CMS approval.
Cost Targets	Medicare savings target.	Medicare savings target, primary care investment targets, and all payer savings targets (including Medicaid, MA, and commercial insurance)
Primary Care Program	Maryland has a well-developed Medicare primary care program.	A primary care program that is aligned between Medicare and Medicaid is required.
Quality	Maryland has a robust hospital quality program, including a measure on disparities. The MDPCP Program also has a quality program.	Similar hospital quality targets. For other providers/programs, Maryland will select quality measures from a list of measures provided by CMS.
Population Health & Equity	Maryland set population health targets related to diabetes, opioids, maternal morbidity, and childhood asthma.	States will select a set of population health measures from a menu of options provided by CMS. State must develop a health equity plan and equity targets.

Looking AHEAD



Maryland's NOFO response will seek to **leverage new federal resources** to plan for the future of the Maryland Health Model.

Applying in Cohort 1 will secure **Maryland's role as a leader** in competing for federal funding while providing it **time to negotiate** new model terms prior to 2026 implementation.

The State envisions that **policy development and decision-making** will begin in July 2024 (the beginning of the Pre-Implementation Period) and continue through the July 2025 execution of the State Agreement. There will be **opportunity for community input** throughout this time frame.

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AHEAD
Health Equity and Population Health

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Statewide Quality and Equity Targets

- CMS Core Statewide Measures (at least one measure from five core domains)
  - Population Health
  - Prevention and Wellness
  - Chronic Conditions
  - Behavioral Health
  - Health Care Quality and Utilization
- CMS Optional Statewide Measures (at least one of domains)
  - Maternal Health Outcomes
  - Prevention Measure
- Measures selected and targets reflected in State Agreement (July 2025)
- Health Equity Plan informs selection of measures and annual updates report performance on these targets to CMS and describe progress towards meeting targets

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Statewide Health Equity Plan

- Template to be provided by CMS
  - Identify disparities and population health focus
  - Set measurable goals to reduce disparities and improve population health, including optimizing performance on population health and quality measures and primary care investment targets
  - Identify evidence-based strategies to advance towards goals
  - Inform plans for allocating resources to support progress towards goals
  - Develop processes to involve a wide range of stakeholders in State HEP implementation
- Established by end of the Pre-Implementation Period (12/31/25)
- Annual reports to CMS update progress

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Hospital Health Equity Plan

- Developed by participant hospitals to detail observed disparities and identify approaches/resources they will use to advance equitable outcomes with their patient population
- Hospitals will use a CMS Template, begin PY 1 (2026)
- Hospitals submit short annual reports on progress
- State evaluates based on CMS guidance and alignment with statewide Health Equity Plan
- States collect annual updates and include as required component to CMS

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Enhanced Demographic Data Collection

- Hospitals and Participating Primary Care Practices will be required to collect and report standardized self-reported patient demographic data to CMS
- Demographic Data used to monitor impact on disparities and patient outcomes

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Health Related Social Needs Screening and Referral

- Hospitals and participating Primary Care Practices required
  - Screen patients for health-related social needs related to food, housing and transportation
  - Make referrals or take other responsive actions
- These requirements recognize, support and seek to accelerate efforts many states are using to identify HRSNs and in some cases fund HRSN services

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Health Equity Definition Discussion

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Different Definitions of Equity

“The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.”

-- CMS

“Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.”

-- CDC

“Health equity is the principle underlying the continual process of assuring that all individuals or populations have optimal opportunities to attain the best health possible. Applying the principle of health equity requires that barriers to promoting good health are removed and resources are allocated among populations and/or communities proportional to their need(s).”

– NIH

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Health Equity Definition: Discussion

- SDOH and disparities are foundational to improving health of unserved, underserved and marginalized communities
- AHEAD is a CMS Model and will likely use CMS definition
- Framework that builds on definition is where much of the strategic hard work will be
- Who and what are missing in the federal definitions?

Maryland AHEAD Planning
Health Equity and Population Health

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AHEAD Statewide Population and Health Equity NOFA Requirements

- Describe Current Activities:
  - State engagement in existing health equity initiatives and activities, including State Health Improvement Plans, Community Health Needs Assessments
  - Existing activities aimed at reducing health disparities and identifying and addressing health-related social needs including any state investments or policies that support collection of demographic and HRSN data
- Planned Health Equity Activities:
  - How will AHEAD Model components be leveraged to facilitate and enhance engagement in the health equity program requirements.

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Maryland's Foundation for Health Equity and Population

- MDH's Office of Minority Health and Health Disparities (MHHD)
  - Established in statute 20 years ago
  - Mission to address social determinants of health, reduce health disparities and advance health equity with a vision to ensure that all individuals and communities in Maryland have a fair and just opportunity to attain optimal health
  - Leveraging MDH resources to amplify impact
- Manages grant programs
  - improve the health outcomes of racial and ethnic minority communities through community engagement, partnerships, outreach, preventive intervention strategies, and technical assistance;
  - support community-based efforts to address chronic conditions, SDOH, and post-COVID response initiatives in underserved and marginalized communities
- Provides technical assistance on cultural competency, unconscious bias, linguistic competency, and workforce diversity for state and community leadership teams and frontline staff
- Collects, analyzes and publishes up-to-date race & ethnicity disparities data
- Catalogues MDH's current health equity portfolio

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Maryland Commission on Health Equity (MCHE)

- Brings together state and local government entities to collaboratively implement policies to reduce health disparities and promote health equity statewide.
- Charged with creating a health equity framework and plan that Maryland can build upon for AHEAD.
- Develops and maintains a Health Equity Data Set to support goals
- Policy and Data Advisory Committees

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Community Health Resources Commission Funding

- Health Equity Resource Communities (2023-$42 million)
  - Grants for long-term interventions to address SDOH
- Pathways to Health Equity grant program (2022-$13.5 million)
  - Programs to reduce health disparities, improve health outcomes, increase primary care access, promote primary and secondary prevention and reduce health cost

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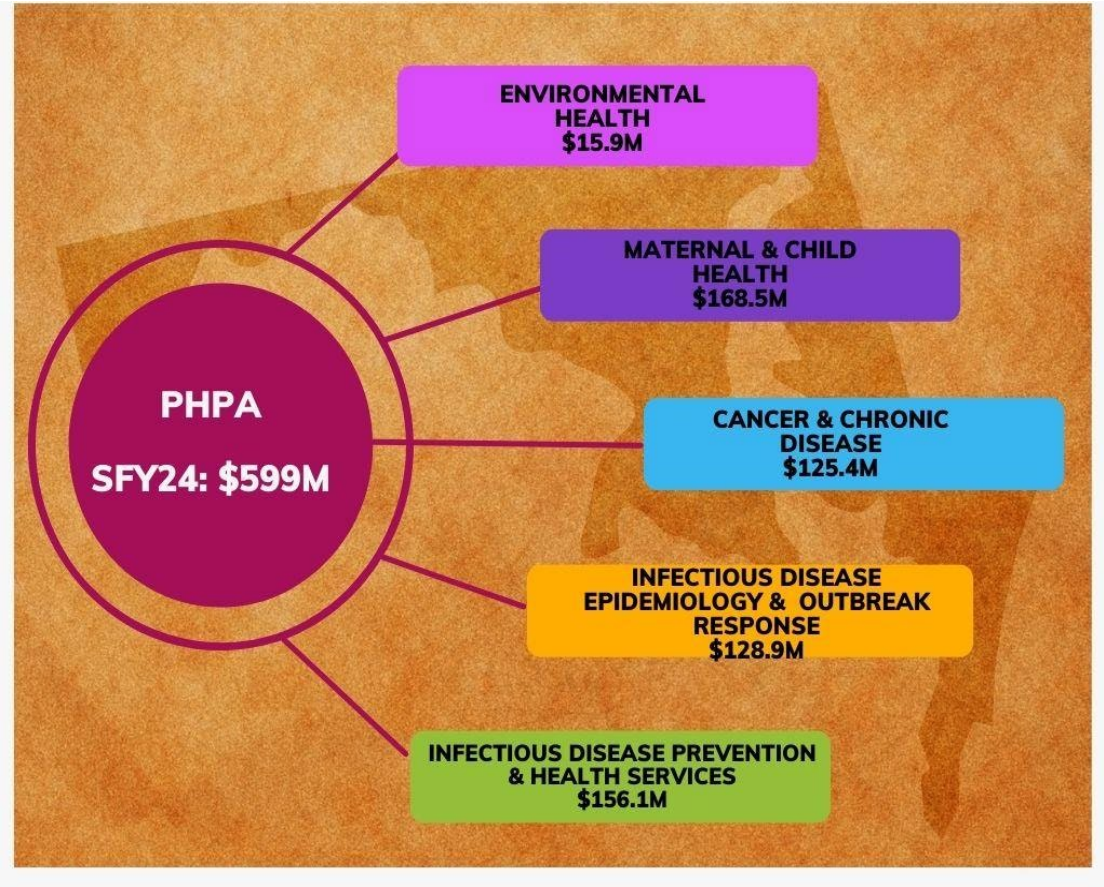
Public Health Funding

Prevention and Health Promotion Administration (PHPA)

Our mission is to protect, promote, and improve the health and well-being of Marylanders through the provision of public health leadership and community-based health efforts



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Public Health & Health Equity

PHPA Health Equity Workgroup

- Purpose: Embed health equity into program decision making, service delivery and operations and empower leaders and communities to develop, implement, evaluate programs through a health equity lens.
- Workgroup Deliverables:
  - Baseline Staff Assessment
  - Data Indicators Dictionary
  - Subrecipient Requirements Policy to Advance Health Equity
  - Root Causes of Health Initiative (ROCHI) - equity of impact and equity of reach

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Workforce Initiatives

Building the workforce to meet community needs and reflect diversity of Maryland

- Loan Repayment Programs
- Community Health Worker Act of 2018
  - Regulations adopted in 2019 - accredited CHW training programs and certification
  - 1534 CHWs certified since 2019
- Active legislative workgroup addressing diversity in behavioral health workforce

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State Health Assessment (SHA) and State Health Improvement Plan (SHIP)

- The SHA and SHIP provide a structured framework to improve community health and address disparities
  - Assess critical population health issues
  - Facilitate the strategic allocation of resources
- Collaboration with diversity of partners ensures that the health improvement plan is genuinely community owned
- Revitalizing and updating SHA and SHIP with update in Spring 2025
  - Builds on 2014 Process collected and distributed approximately 40 measures data related to Healthy Beginnings, Healthy Living, Healthy Communities, Access to Health Care, and Quality Preventive Care

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Statewide Integrated Health Improvement Strategy (SIHIS)

- State and CMMI agreed upon population health goals, measures and milestones
- Aligns statewide efforts across three inter-related domains of hospital quality, care transformation across the system and total population health with focus on diabetes, opioid use disorder, and maternal and child health
- State tracks racial disparities as part of SIHIS

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Maryland's Foundation for AHEAD Requirements

AHEAD Requirement	Maryland Initiatives
Health Equity Plan	MCHE's equity plan lays foundation to build on AHEAD Plan consistent with CMS requirements
Hospital Health Equity Plan	Hospital Community Needs Assessment serves as foundation; HSCRC 2022 Survey of hospitals on equity initiatives; Many hospitals have equity plans and industry collaboration
HRSN Screening and Referral	Hospitals and MDPCP providers screen for HRSN, use z codes and refer to Community Based Organizations. CRISP collaborates with these providers to show screenings, integrates with referral vendors, and offers a closed loop referral tool.
Enhanced Demographic Data Collection	Race and Ethnicity data collected as part of hospital case mix and used in incentive payments HSCRC working to collect SOGI data
Statewide Quality and Equity Targets	SHA, SHIP foundational capacity for future targets

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Maryland's Foundation for AHEAD Discussion

- What other assets in Maryland that would strengthen application?
- How to build accountability for outcomes?
- How to create transparency about investments and efforts being made by whom and gaps?
- How to assure local priorities are based on community knowledge?
- How do we scale investments to meet scope of need?

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Public Comment

Additional comments may be sent to: mdh.maryland-model@maryland.gov

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Next Steps

P-TAC Meeting 2: Monday, March 4, 2024

Thank you!

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*More information can be found at https://hscrc.maryland.gov/Pages/TCOCModelProgression.aspx