

# Maryland Health Services Cost Review Commission (HSCRC) Consumer Standing Advisory Committee (CSAC)- Scope and Charge

Updated – 6/24/2016

## SCOPE

### Background

Maryland has put in place a comprehensive approach to health care innovation. A key component of that is the ongoing work led by the state’s Health Services Cost Review Commission (“HSCRC” or “Commission”) to modernize Maryland’s unique all-payer rate-setting system for hospital services, also known as the All-Payer Model (APM). This is built upon addressing the Triple Aim of improving the health of individuals and populations and the patient experience while reducing the per capita cost of care.

To design and implement the APM, the HSCRC has worked with a broad diversity and array of stakeholders within the context of a number of work groups (e.g., Advisory Council, Payment Models Workgroup, Performance Measurement Workgroup, etc.), and other state agencies to create a person-centered model. In so doing, the HSCRC has recognized the critical role that engaged consumers must play - not only in their own health and wellness, but also in the health care delivery system and the policies that undergird it.

The APM is but one of the building blocks Maryland has in place to ensure its residents have access to both coverage and care that addresses their specific needs in a timely and appropriate manner. In designing, implementing, and overseeing the various health care delivery initiatives in Maryland, there is a recognition that a well-integrated approach is required. Further, the overall success of these modernization initiatives rests, in part, on the success of each individual component.

A proactive approach to informing and engaging all stakeholders—including consumers—is essential to the success of each program and especially important to the overall success of the APM. Therefore, the HSCRC is establishing the Consumer Standing Advisory Committee (CSAC) with representation that reflects the gender, racial, ethnic and geographic diversity of the state and a diverse cross-section of consumers, consumer advocates, relevant subject matter experts, and other stakeholders.<sup>1</sup>

### Purpose and Goals

The primary purpose of the CSAC is to provide the HSCRC, staff and Commissioners, with expertise and the consumer perspective on the design and implementation of the All-Payer Model. More specifically, the CSAC will support the goals of:

- Ensuring that the interests, needs, and perspectives of those directly impacted by the APM, and consumers more broadly, are reflected in, and remain central to, this modernization effort;
- Providing insights on strategies to engage consumers ;

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<sup>1</sup> See the Maryland Health Benefit Exchange (MHBE) and the Maryland Medicaid Advisory Committee (MMAC) as examples: INSERT URLS

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- Raising public awareness: of the APM as a vehicle to improve health and health care delivery for consumers/patients.
- Providing consumer/patient perspectives to inform the design and management of state policies related to the APM;
- Advising on hospital-specific aspects APM implementation, for example, community benefit and effective feedback loops for evaluation of responsiveness to consumer feedback (e.g., concerns, complaints and commendations);
- Supporting the integration of the APM into other health care delivery innovation initiatives; and
- Addressing other areas as requested by the HSCRC.

## CHARGE

The HSCRC charges to the CSAC include:

- Support/advise the Commission on educating consumers and consumer groups about how to effectively impact APM implementation (e.g., opportunities to serve on and/or interact with HSCRC CSAC and hospital patient and family advisory councils, and/or other hospital policy boards);
- Advise the Commission on policies that support consumers' understanding of the opportunities for improved care delivery, care coordination, and improved health;
- Advise the Commission on policies that support standardizing hospitals' process for receiving feedback from consumers, including for comments, complaints and commendations;
- Advise the Commission on obtaining and reporting consumer feedback in a timely and transparent fashion;
- Advise the Commission on policies that ensure that there is a meaningful evaluation of and response to complaints at the state agency level;
- Advise the Commission on establishing and providing incentives to support regular, longitudinal and effective consumer engagement in the development of policies, procedures, and programs by hospitals, health care providers, health care payers, community-based organizations and relevant government agencies and Commissions;
- Advise HSCRC in collaboration with the Maryland Health Care Commission (MHCC) on the development of a performance measurement system for hospitals that serves as a consumer dashboard for the APM and includes such elements as:
  - Hospital patient waiting times and trends over time;
  - Hospital staffing levels and trends over time;
  - Complications of care; and
  - Service costs
- Advise HSCRC in collaboration with the MHCC on the development and promotion of a Consumer "Gold Star" or similar system for hospitals based upon consumer engagement standards that may include elements such as:
  - websites that reflect a commitment to consumer engagement and appropriate service to the community
  - ensuring that patients understand their rights

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- the consumer feedback process, including access to information and process for prompt and meaningful responses to consumer concerns
- multiple opportunities for patients/consumers to participate in patient and family advisory councils and other hospital policy boards

To address its charge, it is understood that there will be a clear infrastructure and process to provide the CSAC with relevant data and information—i.e., policy making boards and relevant state and federal agencies, hospitals and their advisory councils, health care providers, community-based organizations and others involved with, and/or impacted by, the APM.

## **OTHER RELATED INITIATIVES IN THE STATE**

Across the spectrum of Maryland's health care innovation initiatives, there is a recognized need to ensure the integration of programs and their underlying infrastructure. Central to this is the recognition of the need to provide for elements of consumer engagement at all levels and within the construct of all state initiatives. Therefore, the CSAC's work is seen as integral to the activities of other state and external organizations. Examples include, but are not limited to: the Department of Health and Mental Hygiene (DHMH) and its committees and workgroups, for example, Duals Care Delivery Workgroup; Maryland Health Benefit Exchange (MHBE); Chesapeake Regional Information System for our Patients (CRISP) (the state's Health Information Exchange); Maryland Health Care Commission's (MHCC) Health Care Quality Reports; Maryland Health Homes for individuals with chronic conditions; and Community Health Resources Commission.