

## **HSCRC Workgroups and Partnership Activities Summary**

### **6/22/15 Performance Measurement Workgroup Meeting**

The HSCRC has established workgroups to support the implementation of the new Population-Based and Patient-Centered Payment Systems Model that began in January 2014. The workgroups are designed to provide structured input to the HSCRC on key implementation activities, lending expertise on the state of the art and the feasibility of possible solutions. They build upon the work of the system modernization Advisory Council.

The HSCRC staff has developed a focused set of tasks, described below, for each of the workgroups. There is some overlap in the topics that the workgroups are address, necessitating coordination among the workgroups.

### ***HSCRC Workgroup Activities***

- A. **Payment Models**- In general, this workgroup develops recommendations for the HSCRC on the structure of payment models and how to balance its approach to hospital payment updates. Topics include:
1. Balanced Updates- What changes should be made from year to year regarding factors that establish hospital payment updates?
  2. Guardrails for Model Performance- What performance targets trigger policy or other corrections?
  3. Market Shift- How and when should market shift be incorporated into hospital payment adjustments?
  4. Initial and Future Models- How and when should Maryland evolve beyond hospital global payment models?
- B. **Performance Measurement**-In general, this workgroup develops recommendations for the HSCRC on measures that are reliable, informative, and practical for assessing a number of important issues. The payment models workgroup will design the overall structure through which the results of these measures are applied to hospital payment. Topics include (not mutually exclusive):
1. Reducing potentially avoidable utilization to achieve the Three-Part Aim of better care, better health, and lower cost:
    - a. Achieving statewide targets (reducing readmissions, potentially avoidable admissions, hospital complication rates; revenue "at risk" in performance measurement programs)
    - b. Measuring potentially avoidable utilization.
  2. Defining and implementing value-based payment (integration of cost, quality, population health and outcomes in the measurement design scheme)
  3. Patient Experience and Patient-Centered Outcomes

### ***Partnership Activities /Multi-Agency and Stakeholder Groups***

- C. **Alignment Models**- In general, this workgroup makes recommendations on how the new hospital payment models should align and engage with physicians and other health care providers in partnership with patients to achieve the goals of the new model. The Workgroup topics include:
1. Alignment with emerging payment models
  2. Shared Savings- How can physicians, hospitals and other providers create aligned incentive models that address All-payers?
  3. Care Improvement, including:
    - a. Care Coordination Opportunities
    - b. Post-Acute and Long-Term Care inclusion
    - c. Evidence-Based Care- accelerate introduction and adoption

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- D. **Care Coordination-** The purpose of this Workgroup is to facilitate multi-stakeholder discussions regarding efficient and effective implementation of population-based and patient-centered Care Coordination to support the new Maryland All-Payer Model.

HSCRC views care coordination as a top priority, with emphasis on the important potential for shared infrastructure and common approaches. The final report of the initial phase of this workgroup containing recommendations may be found at:

<http://hscrc.maryland.gov/documents/md-maphs/wg-meet/cc/Care-Coordination-Work-Group-Final-Report-2015-05-06.pdf>

- E. **Consumer Outreach and Engagement-** There are two task forces working to help ensure that people using Maryland's health system understand health system transformation and what it means to them, and have the information and resources to become more actively involved in their individual health and in improving the health of the community.
1. The Consumer Outreach Task Force is:
    - a. Hosting forums around the state to educate communities about the new health system
    - b. Finding creative ways to partner with hospitals to improve health across the state
  2. The Consumer Engagement Task Force has 2 charges:
    - a. Charge #1
      - i. Recommend standards for making the health system more consumer-centered
      - ii. Propose messages and strategies consumer involvement in system transformation
      - iii. Propose education and communication strategies for various consumer segments
    - b. Charge # 2
      - i. Advise decision-makers, regulators, etc. on the impact of system transformation
      - ii. Provide guidance on appropriate and consumer-friendly communications process
      - iii. Make recommendations for enhanced ways for consumers to provide feedback and for hospitals to act on that input
- F. **Regional Partnership Planning Grant Awards-** The Maryland Department of Health and Mental Hygiene (DHMH) and HSCRC sought and received proposals for funding to support the planning and development of Regional Partnerships for Health System Transformation in support Maryland's new All-Payer Model. In May 2015 a range of \$200,000-\$400,000 per award—totaling \$2.5M—was provided to each of eight regional partnerships across the state to advance reforms to Maryland's health care delivery system. Funding is allocated via HSCRC-approved rate increases for hospitals participating in partnerships that received the awards.

Transforming Maryland's health care system to be highly reliable, highly efficient, and a point of pride in our communities will require increased collaboration between health systems, payers, community hospitals, ambulatory physician practices, long-term care, and other providers, as well as public health and community-based organizations. It will also require effective engagement of patients and consumers. In order to accelerate effective implementation, Maryland needs to develop regional partnerships that can collaborate on analytics, target services based on patient and population needs, and plan and develop care coordination and population health improvement approaches. The regional grants are supporting the development of partnerships capable of identifying and addressing their regional needs and priorities and shaping the future of health care in Maryland. The partnerships include developing care coordination and population health priorities, determining what resources are needed and available, and how resources and strategies should be deployed