CMMI-HSCRC Annual Stakeholder Meeting

November 2022

Agenda

- Welcoming Remarks
  - Dennis Schrader, Secretary of Health
  - Katie Wunderlich, HSCRC Executive Director

- CMMI Remarks
  - Liz Fowler, CMS Deputy Administrator and Director

- Maryland Stakeholder Presentations
  - Tri-County Behavioral Health Engagement (TRIBE) - Behavioral Health Crisis Centers
  - Maryland Primary Care Program
  - MedChi - Episode Quality Improvement Program
  - Maryland Hospital Association - Maternal Health Initiatives

- Closing Remarks

Welcoming Remarks

Dennis Schrader, Secretary of Health
Katie Wunderlich, HSCRC Executive Director

Center for Medicare and Medicaid Innovation

Liz Fowler, CMS Deputy Administrator and Director

Maryland Stakeholder Presentations

TRIBE

HSCRC Regional Partnership Catalyst Program

Update to CMMI Stakeholder Meeting – November 18, 2022

Tri-County Behavioral Health Engagement

Tim Feist, MBA, CHC

Vice President Ambulatory Services

TidalHealth Peninsula Regional

Tina Simmons, MBA, BSN, RN, LSSBBH

Director of Population Health

Atlantic General Hospital

Tri-County Behavioral Health Engagement (TRIBE)

TidalHealth Peninsula Regional
Primary Site –
Salisbury MD

Atlantic General Hospital
Secondary Site – Berlin MD

Primary Service Area –
Worcester, Wicomico &
Somerset Counties

Funding Amount –
Total $11,316,322

16 Regional Community Partner Agencies:

NAMI	Life Crisis
Health Depts	Faith Based Svcs
Law Enforcement	Mobile Crisis
School systems	Substance Abuse
Health Clinics	Family Coalition
Homeless Coalition	CIT's

Program Description-Primary and Secondary Sites

Primary Site
Opened
August 1, 2022.

Currently open 8a -5p
Mon – Thurs.

Target to open 7 days/week 8a – 8p
December 2022

Secondary site
Opened
January 31, 2022

Currently open 8a - 4:30p
Monday – Friday

Plan to expand to Mon. – Sat. 8a – 6p as volume dictates

Safe, home-like environment designed to relieve immediate crisis symptoms by providing the following:

- Triage
- Observation
- Assessments
- Level of care intervention to deflect from unnecessary higher levels of care
- Linkage with peer support
- Brief crisis counseling
- Medication stabilization & management
- Care navigation & coordination of social determinant of health needs
- Linkage with follow-up care & services with community providers the same or next day
- Individuals followed for 5 days or until the follow-up appointment/warm-handoff to community provider is completed.

TidalHealth Crisis Center – Features a crisis stabilization room with 5 crisis chairs, a fully stocked nurse station, an observation room, a community partners workroom, an intake and shower room, multiple counseling offices, waiting room, security station and a large community meeting space, etc…
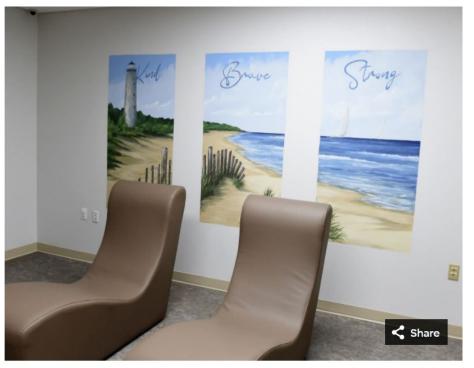

Crisis Stabilization Room

Child treatment space

Atlantic General Crisis Center – Features an adult observation room with 6 chairs and a pediatric observation room with 3 chairs for patients waiting for further evaluation or connection to community resources; a triage cove, a nurses station, three adult consult rooms (1 set up as an observation room for higher risk patients) and three pediatric consult rooms; a community partners workroom, waiting room, security station, and a large conference room to host group counseling or classes in the future
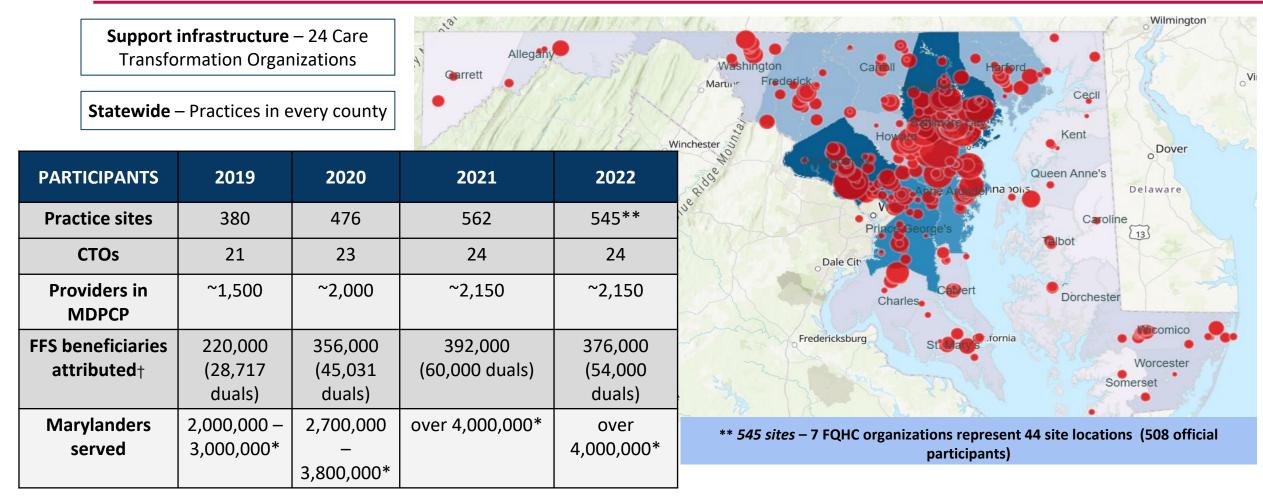

Paintings by Ann Scanlon adorn the walls of patient rooms in the Atlantic General Hospital Walk-In Behavioral Health Crisis Center Wednesday, Jan. 26, 2022, in Berlin, Maryland.
LAUREN ROBERTS/SALISBURY DAILY TIMES

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MDPCP in 2022 - "Cornerstone for Engaging Beneficiaries"

Support infrastructure – 24 Care Transformation Organizations

Statewide – Practices in every county

PARTICIPANTS	2019	2020	2021	2022
Practice sites	380	476	562	545**
CTOs	21	23	24	24
Providers in MDPCP	~1,500	~2,000	~2,150	~2,150
FFS beneficiaries attributed†	220,000 (28,717 duals)	356,000 (45,031 duals)	392,000 (60,000 duals)	376,000 (54,000 duals)
Marylanders served	2,000,000 – 3,000,000*	2,700,000 – 3,800,000*	over 4,000,000*	over 4,000,000*

** 545 sites – 7 FQHC organizations represent 44 site locations (508 official participants)

Largest state program in the nation - by number of practices and practices per capita (compared to PCF)

†Data reflects highmark of each year

MDPCP Recent Accomplishments

COVID -19
- Primary care practices have administered over **500,000 vaccines** in office through Oct 2022 (Press Release)
- Reduced 2020 MDPCP beneficiaries' <u>**death rate by 18%, COVID hospitalizations by 10%, and COVID cases by 7%**</u>

Health IT
- Enhanced Avoidable Hospital Events prediction tool
- Development of **new prediction tools**: Hospice End-of-Life, Severe Type 2 Diabetes Complications

Health Equity
- Rolled out the **HEART** payment
- Providing <u>technical assistance</u> for improving social needs screening and demographic data collection processes

QI & Learning
- Successfully **transitioned** MDPCP Learning System **to State**
- Established practice Quality Improvement program

Ops & Policy
- **Executed State Agreement Amendment** for Track 3 (including RFA release), FQHC participation, and HEART payment
- Behavioral Health integration - CoCM (100+) and SBIRT (350)

MDPCP

Inpatient Hospital Utilization and Prevention Quality Indicators-Like Events per K, 2019 - 2021 (HCC - Risk Adjusted)

Equivalent non-participating population

A subset of the statewide non-participating population, demographically matched to the participating pop by age, sex, dual eligibility, and county of residence

Statewide non-participating population

All Medicare FFS beneficiaries who are eligible for MDPCP and not attributed to a participating provider
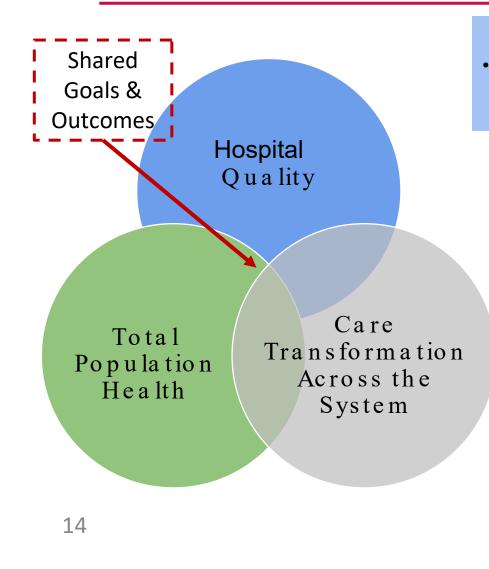
HCC Risk-adjustment

CMS assigns all participating beneficiaries an HCC score. The score is based on the community risk model to reflect the beneficiary's clinical profile and care needs. Risk-adjustment is based on the average HCC score of attributed beneficiaries.

	Category		Base Year 2019	2020	2021	Total Percent Change
IP	Statewide Non-Participating Population		247	215	223	-9.7%
		% Change from Prior Year	N/A	-13.1%	3.9%	
	Equivalent Non-Participating Population		248	215	224	-9.9%
		% Change from Prior Year	N/A	-13.%	4.1%	
	MDPCP		244	211	215	**-12.2%**
		% Change from Prior Year	N/A	-13.6%	1.7%	
PQI-Like Events	Statewide Non-Participating Population		90	68	67	-25.6%
		% Change from Prior Year	N/A	-24.2%	-1.8%	
	Equivalent Non-Participating Population		86	65	65	-24.7%
		% Change from Prior Year	N/A	-24.6%	-0.2%	
	MDPCP		87	65	64	**-26.3%**
		% Change from Prior Year	N/A	-24.7%	-2.1%	

PQI-Like uses the AHRQ specifications for avoidable inpatient admissions AND ED visits

MDPCP Alignment with SIHIS

Shared Goals & Outcomes

Hospital Quality

Total Population Health

Care Transformation Across the System

Hospital Quality
- Reduce avoidable admissions
  - MDPCP focuses on reducing PQIs by building care management infrastructure and providing CRISP/Hilltop data reports
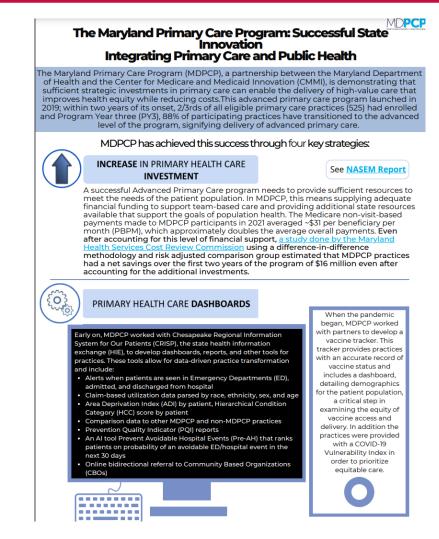
Care Transformation Goals
- Improve care coordination for patients with chronic conditions
  - MDPCP requires 1) timely follow up for Inpatient admissions and ED visits; 2) longitudinal care management

Total Population Health Goals
- Priority Area 1 (Diabetes): Reduce mean BMI
  - MDPCP practice performance on Diabetes A1C quality measures has improved since 2019
  - BMI and follow up plan quality measure
  - Building tools to alert practices on prediabetes and education/QI to refer to DPP
- Priority Area 2 (Opioids): Improve overdose mortality
  - Implemented SBIRT into over 350 practices
  - Planning for MOUD implementations
  - Piloting non-fatal overdose alert for practices

National Recognition

- MDPCP presentation to **National Academy (NASEM)** for the "Strengthening Primary Care" webinar
  - One pager
  - Slide deck and recording
- JAMA Article: *The Maryland Primary Care Program—A Blueprint for the Nation?*
- MDH Press Release: "More than **700 primary care practices** have joined the fight against COVID-19 through Maryland's Primary Care Vaccine Program"
- MDH Photo Release: "Maryland Primary Care Program Celebrates Successful **COVID Booster Campaign** Statewide"
- **HEART** payment presentation at **2022 American Academy of Family Physicians** Family Medicine Experience Conference
- Milbank Issue Brief: *Improving COVID-19 Outcomes for Medicare Beneficiaries: A Public Health–Supported Advanced Primary Care Paradigm*

Physician Partnership with HSCRC On Alignment

EQIP, MDPCP and Future Alignment

GENE M. RANSOM III

CHIEF EXECUTIVE OFFICER

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY

Maryland Primary Care Program

MDPCP is a voluntary program open to all qualifying Maryland primary care providers that provides funding and support for the delivery of advanced primary care throughout the state. MDPCP supports the overall health care transformation process and allows primary care providers to play an increased role in prevention, management of chronic disease, and preventing unnecessary hospital utilization.

The payment incentives under this program have provided the financial support physicians need to transition their practices to support care management of chronic and acute conditions and reduce costs across the health care system.

- COVID-19 support to patients
- Savings generated
- Extra services focus on vulnerable populations

MARYLAND
Department of Health

EQIP – IT'S A BIG DEAL
The Episode Quality Improvement Program

EQIP is an episode-based payment program for non-hospital practitioners designed to:

- Help the State meet the financial targets of Total Cost of Care (TCOC) Model
- Include more physicians in a value-based payment framework (that is, to have responsibility and share in rewards for reducing Medicare TCOC spending)
- Encourage multi-payer alignment in a value-based payment framework
- Include more episodes than in Centers for Medicare & Medicaid Services (CMS) Innovation Center (CMMI) models
- Broaden access to Medicare's 5% Advanced APM (AAPM) MACRA opportunity if it continues

EQIP will provide the State with input on:

- Episodes to include (prioritization), and
- Episode design, recognizing there are annual opportunities for updates and participation.

In year one (2022), we started with Ortho, GI, and Cardiology episodes.

Please click here to learn more: EQIP (medchi.org)

health services
cost review commission

EQIP – Year 2

- In Year 2, we will be adding ER, Urology, Eye, Derm, and Allergy episodes.
- EQIP sign up period is over for 2023 start with great results.
  - Physicians in all four new specialties
  - Over 8,300 physicians/care partners submitted for CMS vetting*
- Representation from **43** specialties
- Participation in all **45** available EQIP episodes
- **66** EQIP Entities

*Final participation will not be determined until 1/1/23

Take Aways and Future Alignment

- EQIP shows the value of allowing States to design value-based payment programs.
- MDPCP is one of the most successful adult primary care alignment programs in the nation.
- MedChi and the State through the HSCRC intend to expand physician alignment and have begun work under the direction of HSCRC Commissioner James Elliott, MD to determine new innovative ways to keep moving forward.
- The partnership between the State and the physician community led to a program that has generated enormous enthusiasm from the physician community, including advocacy for expanding the program and including new episodes.
- The ability to add episodes each year and engage new specialists allows us to reach as many patients as possible.
- MedChi, the State and CRISP are responsive to physician questions about design and participation information.

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Contact Us and Check Us Out on the Web!

MedChi
The Maryland State Medical Society
Your Advocate. Your Resource. Your Profession.

HOSPITAL COMMITMENT TO IMPROVE MATERNAL HEALTH

Adopt equity plan + BIRTH Equity training for ED, ambulatory

Leadership on birth outcomes and accountability

Obstetric hemorrhage, hypertension AIM bundles

Assess impact of gaps in pre-natal care

Closing Remarks

Katie Wunderlich, HSCRC Executive Director