Maryland Primary Care Program Report

Summary

Reporting Period: January 2019 – January 2023

Maryland DEPARTMENT OF HEALTH

Statewide Statistics Current Year

384,601
Medicare Benes in MDPCP (+5% vs 2022)

302,093 [(c)]
Medicaid Enrollees in MDPCP practices

53,832 [(c)]
Total Dual Eligibles

537
Total Practices (**+39** vs Prior Year End)

154
Track 3 Practices (+154 from Prior Year End)
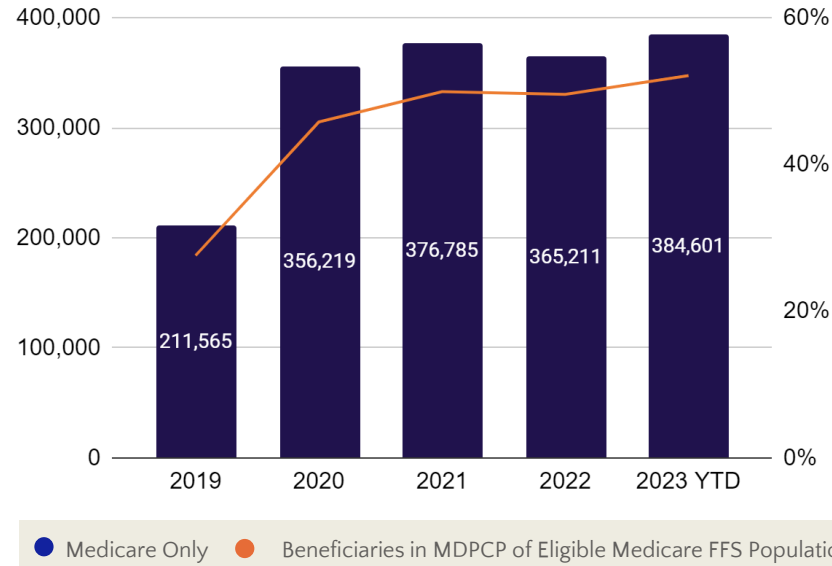
326
Track 2 Practices (**–119** vs Prior Year End)
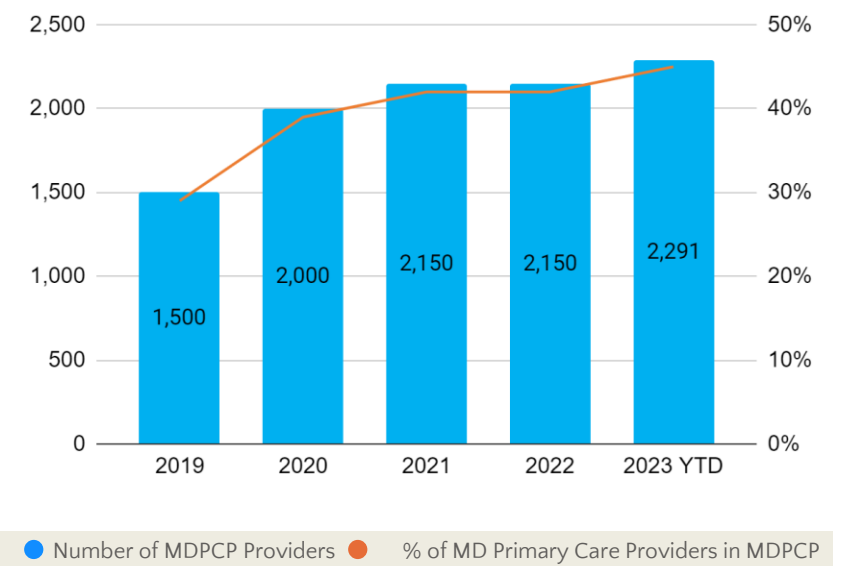
57
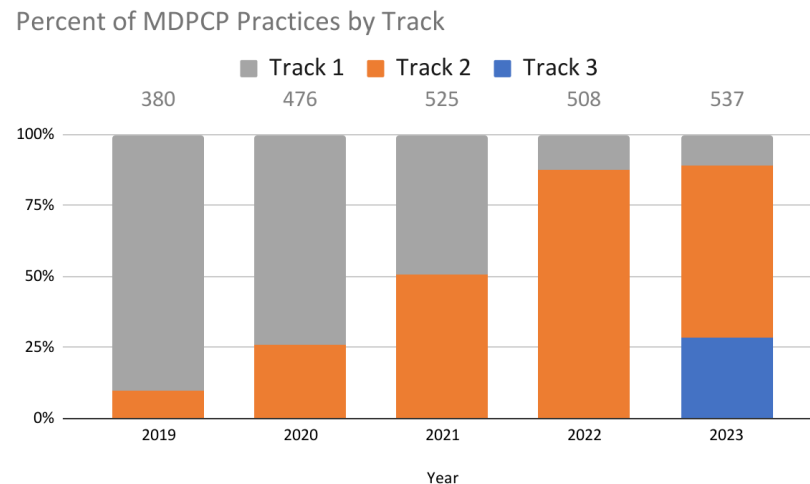Track 1 Practices (**-6** vs Prior Year End)

2,291
Total Providers

(a) Data are through January 2023, unless noted otherwise.
(b) Including dually eligible beneficiaries in MDPCP.
(c) Data are through Dec. 2022
(d) Including all active, board–certified Internal Medicine, Family Medicine, and General Practice physicians in Maryland

Medicare FFS Beneficiaries in MDPCP as % of Eligible Medicare FFS Population

Chart values: 2019: 211,565; 2020: 356,219; 2021: 376,785; 2022: 365,211; 2023 YTD: 384,601

Legend: ● Medicare Only ● Beneficiaries in MDPCP of Eligible Medicare FFS Population

Number of MDPCP Practices by Track

Percent of MDPCP Practices by Track

Legend: ■ Track 1 ■ Track 2 ■ Track 3

Totals: 2019: 380; 2020: 476; 2021: 525; 2022: 508; 2023: 537

Year

MDPCP Providers as % of Total Number of Primary Care Providers in Maryland [(d)]

Chart values: 2019: 1,500; 2020: 2,000; 2021: 2,150; 2022: 2,150; 2023 YTD: 2,291

Legend: ● Number of MDPCP Providers ● % of MD Primary Care Providers in MDPCP

Medicaid Enrollees in MDPCP as % of Eligible Medicaid Population [(b)(c)]

Chart values: 2019: 194,259; 2020: 249,074; 2021: 452,673; 2022 YTD: 302,093

Legend: ● Enrollees in MDPCP ● % Enrollees in MDPCP over Eligible Medicaid Population

Maryland Primary Care Program Report

Utilization

Reporting Period: January 2019 – January 2023

Maryland DEPARTMENT OF HEALTH

Equivalent Non-participating Population

A subset of the statewide non-participating population, demographically matched to participants by age band, 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 (Hierarchical Condition Category) Risk-adjustment

CMS assigns all participating beneficiaries in the MDPCP program an HCC score. The score is based on the community risk model to reflect the beneficiary's clinical profile and care needs.

Inpatient Utilization (IP) per K – HCC Risk–adjusted[a] [b]

Category		Base Year 2019	2020	2021	2022 (thru Sept. 2022)	Total Percent Change
Statewide Non-Participating Population		247	215	223	217	**-12.2%**
	% Change from Prior Year	N/A	-13.1%	3.9%	-2.7%	
Equivalent Non-Participating Population		248	215	224	218	**-12.3%**
	% Change from Prior Year	N/A	-13.%	4.1%	-2.7%	
MDPCP		244	211	215	207	**-15.2%**
	% Change from Prior Year	N/A	-13.6%	1.7%	-3.7%	

a. Risk-adjustment is based on the average HCC score of attributed beneficiaries.
b. Data are through 9/30/2022.

Maryland Primary Care Program Report

Utilization

Reporting Period: January 2019 – January 2023

Equivalent Non-participating Population

A subset of the statewide non-participating population, demographically matched to participants by age band, 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 (Hierarchical Condition Category) Risk-adjustment

CMS assigns all participating beneficiaries in the MDPCP program an HCC score. The score is based on the community risk model to reflect the beneficiary's clinical profile and care needs.

Emergency Department (ED) visits per K – HCC Risk-adjusted[a] [b]

Category		Base Year 2019	2020	2021	2022 (thru Sept. 2022)	Total Percent Change
Statewide Non-Participating Population		473	370	392	390	-17.6%
	% Change from Prior Year	N/A	-22.3%	6.1%	-0.5%	
Equivalent Non-Participating Population		457	357	374	378	-17.3%
	% Change from Prior Year	N/A	-22.0%	4.8%	1.1%	
MDPCP		443	342	364	364	-17.9%
	% Change from Prior Year	N/A	-22.4%	6.4%	0%	

a. Risk-adjustment is based on the average HCC score of attributed beneficiaries.
b. Data are through 9/30/2022

Maryland Primary Care Program Report

Utilization

Reporting Period: January 2019 – January 2023

Equivalent Non-participating Population

A subset of the statewide non-participating population, demographically matched to participants by age band, 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 (Hierarchical Condition Category) Risk-adjustment

CMS assigns all participating beneficiaries in the MDPCP program an HCC score. The score is based on the community risk model to reflect the beneficiary's clinical profile and care needs.

PQI–like Events per K* – HCC Risk-adjusted[a] [b]

Category		Base Year 2019	2020	2021	2022 (thru Sept. 2022)	Total Percent Change
Statewide Non-Participating Population		90	68	67	64	-28.0%
	% Change from Prior Year	N/A	-24.2%	-1.8%	-4.5%	
Equivalent Non-Participating Population		87	65	65	62	-29.2%
	% Change from Prior Year	N/A	-24.6%	-0.2%	-4.6%	
MDPCP		87	65	64	62	-29.2%
	% Change from Prior Year	N/A	-24.7%	-2.1%	-3.1%	

*Chart displays utilization for IP admissions or ED visits that fall into one of 10 AHRQ Prevention Quality Indicator (PQI) categories using the 2021 AHRQ specification.

a. Risk-adjustment is based on the average HCC score of attributed beneficiaries.
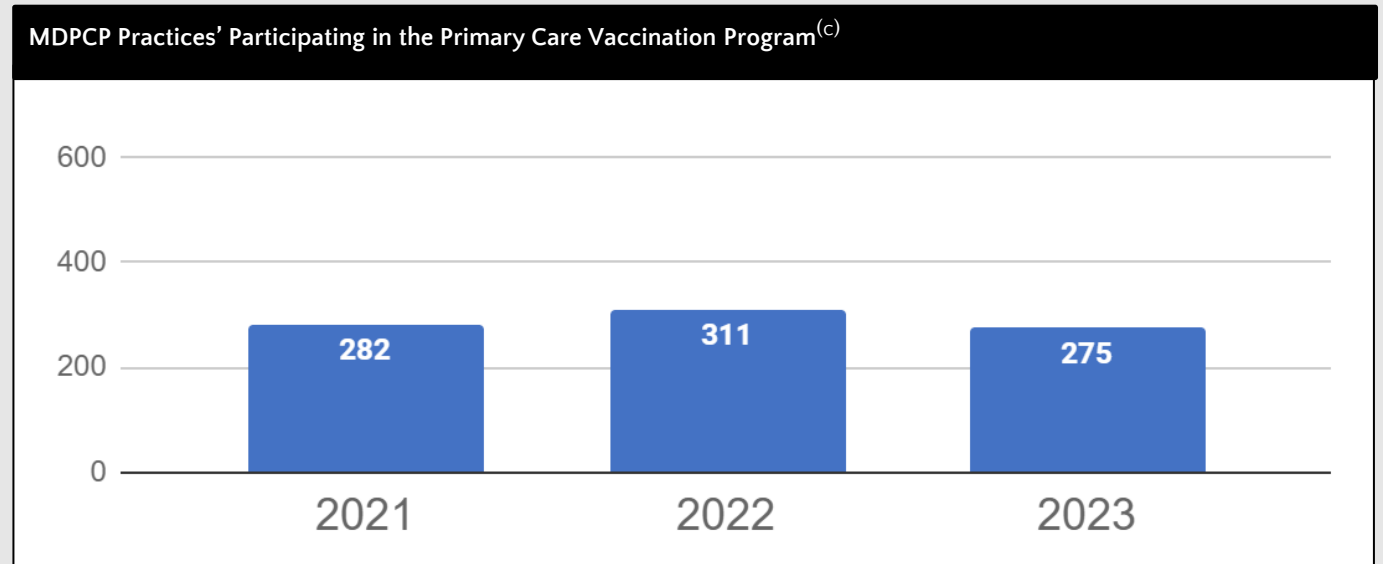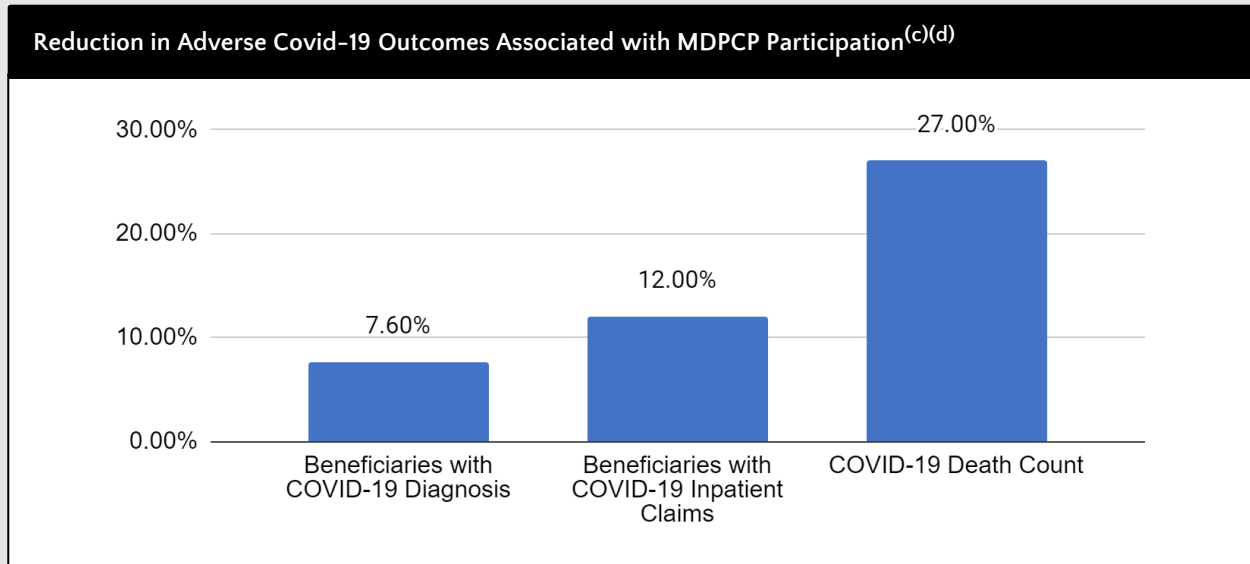b. Data are through 9/30/2022

Maryland Primary Care Program Report

Cost Savings and COVID-19 Statistics

Reporting Period: January 2019 – January 2023

Medicare PBPM Cost, HCC – Risk Adjusted[a][b]

Category		Base Year 2019	2020	2021	2022 (thru Sept.)	Total Percent Change
Statewide Non-Participating Population		$1,001	$1,016	$1,129	$1,146	14.3%
	% Change from Prior Year	N/A	1.5%	11.1%	1.5%	
Equivalent Non-Participating Population		$1,017	$1,024	$1,146	$1,179	16.0%
	% Change from Prior Year	N/A	0.8%	11.8%	2.9%	
MDPCP		$1,016	$1,018	$1,124	$1,134	11.7%
	% Change from Prior Year	N/A	0.2%	10.4%	0.9%	

Reduction in Adverse Covid-19 Outcomes Associated with MDPCP Participation[c][d]

MDPCP Practices' Participating in the Primary Care Vaccination Program[c]

(a) Equivalent Non-MDPCP practices represent primary care practices that do not participate in the MDPCP program but serve patients who are demographically comparable to those served by MDPCP practices.
(b) Data are through September 2022, reflecting dynamic beneficiary attribution and HCC risk-adjustment.
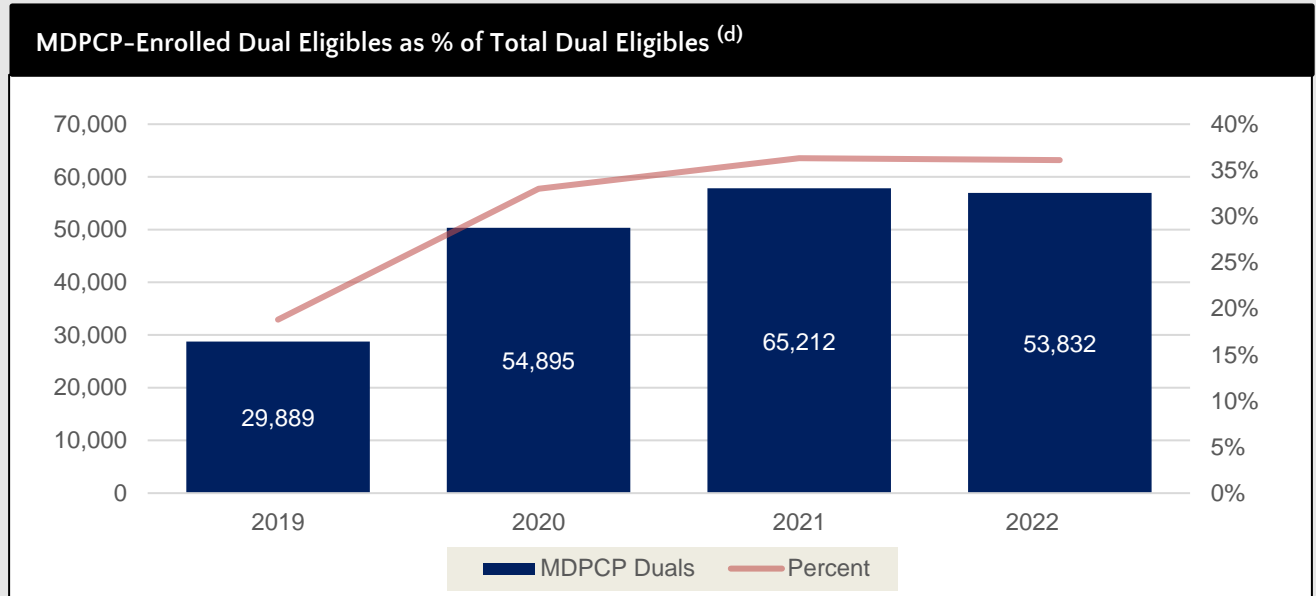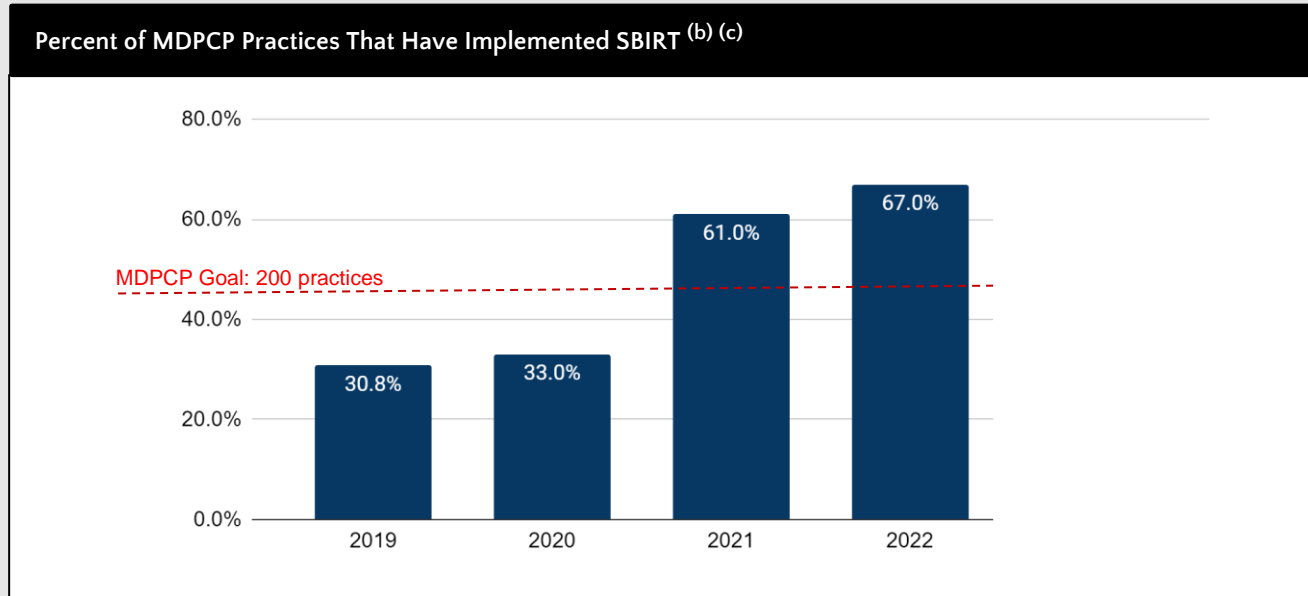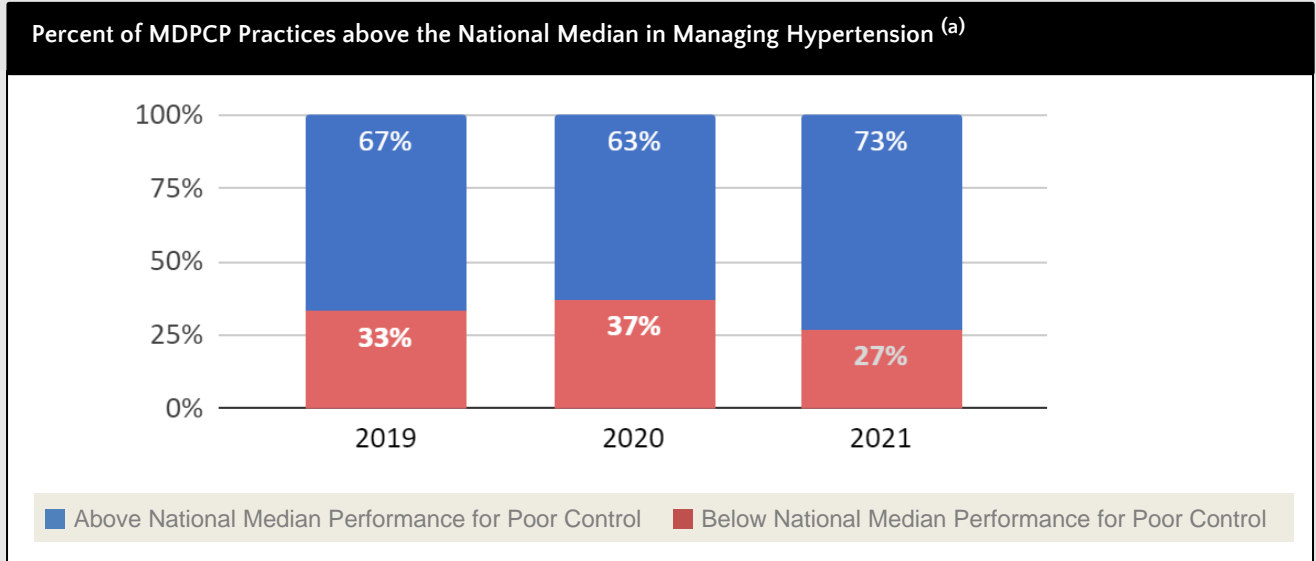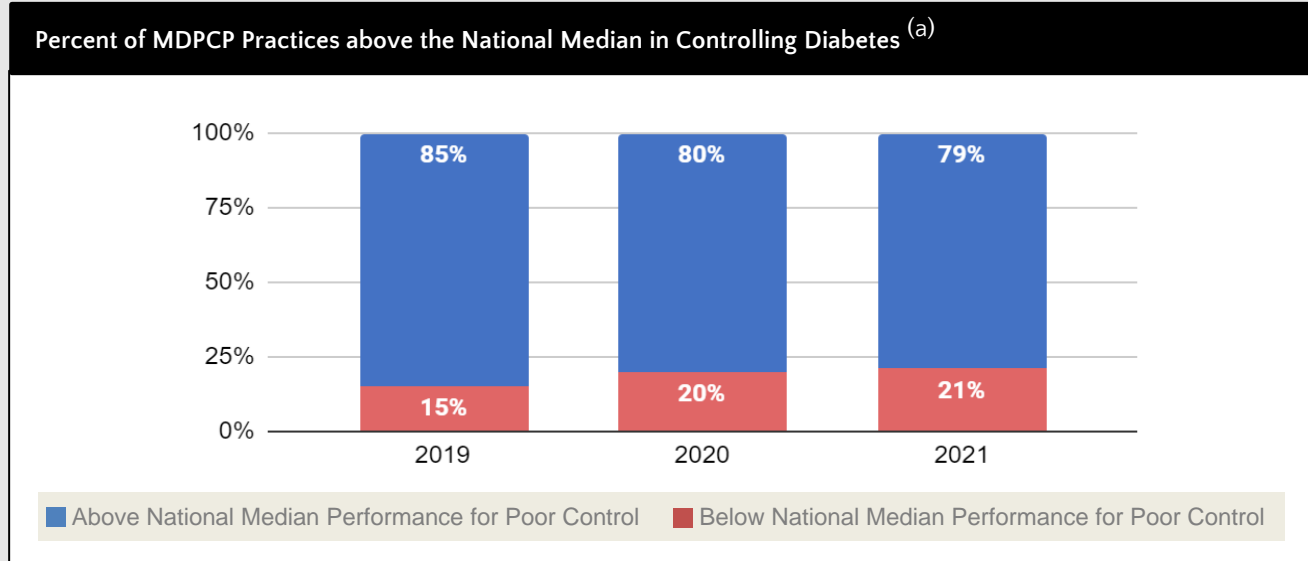(c) Data last updated January 2023.
(d) Source: Association of Participation in the Maryland Primary Care Program with Covid-19 Outcomes, Gruber, E., Perman, C., Grisham, R., 2023.

Maryland Primary Care Program Report

Quality

Reporting Period: January 2019 – January 2023

Percent of MDPCP Practices above the National Median in Controlling Diabetes [a]

- Above National Median Performance for Poor Control
- Below National Median Performance for Poor Control

Percent of MDPCP Practices above the National Median in Managing Hypertension [a]

- Above National Median Performance for Poor Control
- Below National Median Performance for Poor Control

Percent of MDPCP Practices That Have Implemented SBIRT [b] [c]

MDPCP Goal: 200 practices

MDPCP-Enrolled Dual Eligibles as % of Total Dual Eligibles [d]

- MDPCP Duals
- Percent

(a) Based on MIPS (Merit-Based Incentive Payment System) reporting. A1C control is a method for treating and controlling blood sugar level for diabetes patients. Data are from 2021.

(b) SBIRT (Screening, Brief Intervention, and Referral to Treatment) is a best practice used to identify and refer to treatment people suffering from substance use disorder (SUD).

(c) Data are through December 2022.

(d) Medicaid data are cumulative from January 2019 to Dec 2022. YTD data is not comparable to calendar data.

Maryland Primary Care Program Report

SBIRT Summary

Reporting Period: August 2021 – January 2023
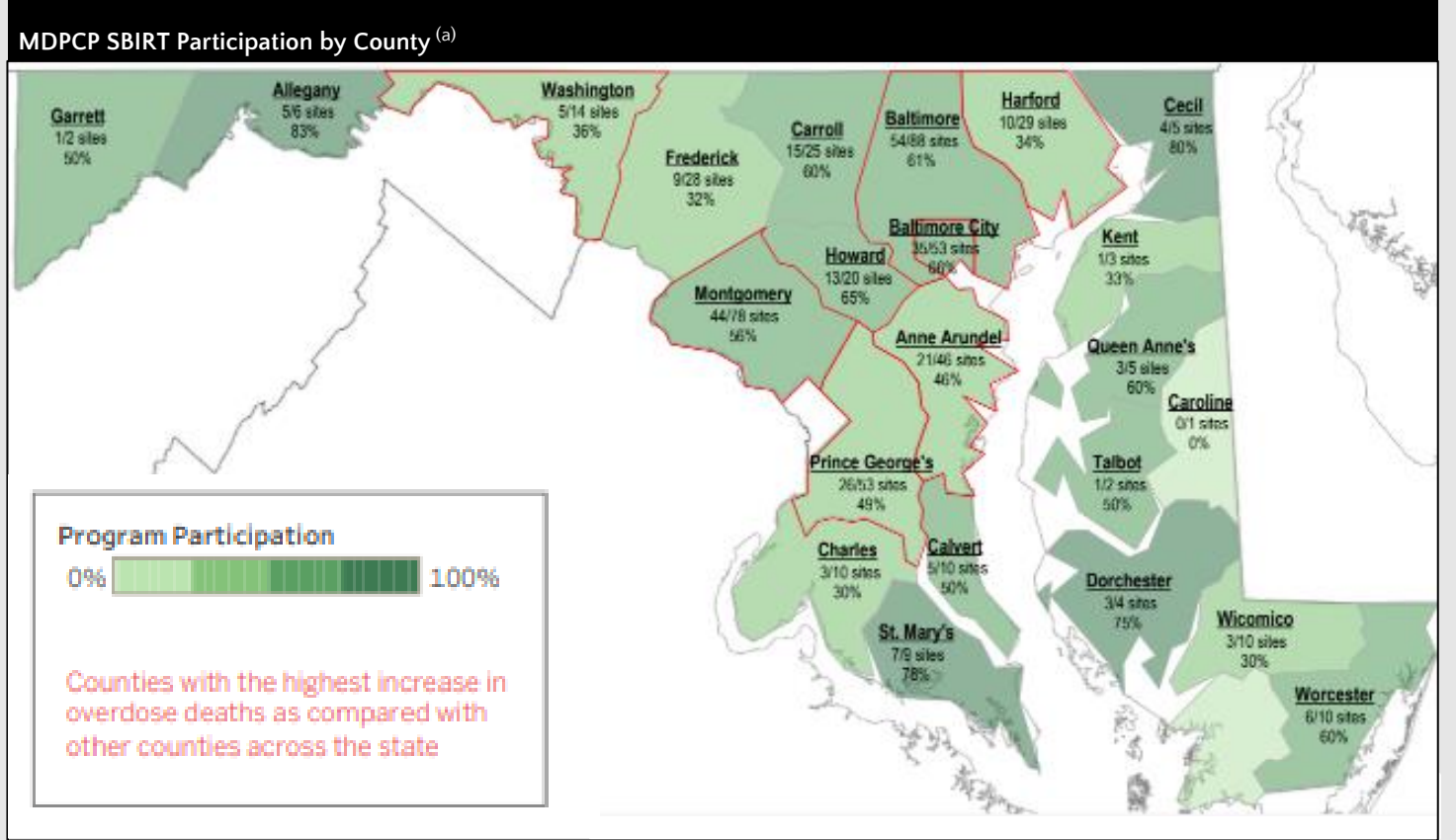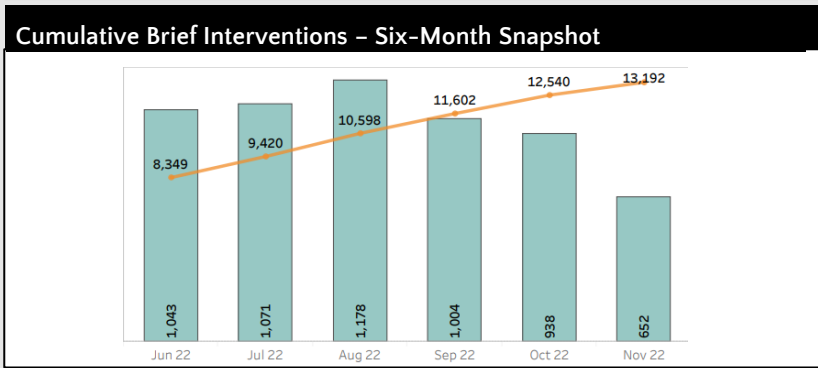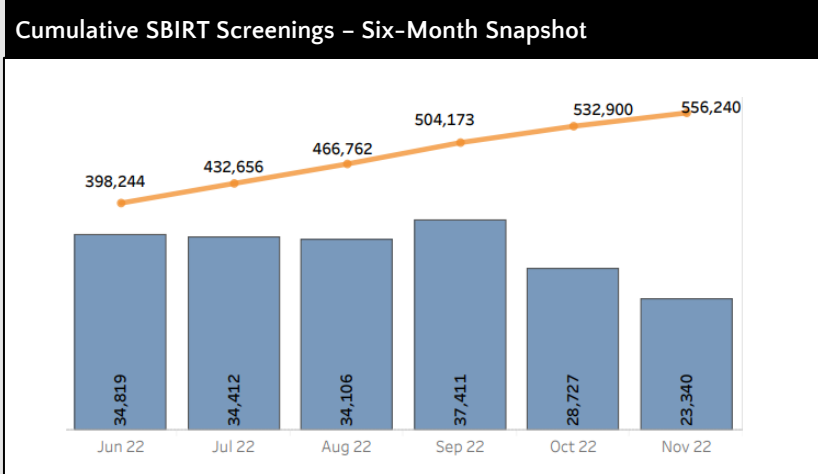
Monthly Summary Statistics

351
Total Practices Implemented SBIRT

186
Practices Reporting

634,330
SBIRT Screenings

44,785
Positive SBIRT Screenings

15,355
Brief Interventions (BI)

Cumulative SBIRT Screenings – Six-Month Snapshot

	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22
Cumulative	398,244	432,656	466,762	504,173	532,900	556,240
Monthly	34,819	34,412	34,106	37,411	28,727	23,340

Cumulative Brief Interventions – Six-Month Snapshot

	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22
Cumulative	8,349	9,420	10,598	11,602	12,540	13,192
Monthly	1,043	1,071	1,178	1,004	938	652

MDPCP SBIRT Participation by County [a]

Garrett 1/2 sites 50%
Allegany 5/6 sites 83%
Washington 5/14 sites 36%
Frederick 9/28 sites 32%
Carroll 15/25 sites 60%
Baltimore 54/88 sites 61%
Harford 10/29 sites 34%
Cecil 4/5 sites 80%
Baltimore City 35/53 sites 66%
Kent 1/3 sites 33%
Howard 13/20 sites 65%
Montgomery 44/78 sites 56%
Anne Arundel 21/46 sites 46%
Queen Anne's 3/5 sites 60%
Caroline 0/1 sites 0%
Prince George's 26/53 sites 49%
Talbot 1/2 sites 50%
Charles 3/10 sites 30%
Calvert 5/10 sites 50%
Dorchester 3/4 sites 75%
St. Mary's 7/9 sites 78%
Wicomico 3/10 sites 30%
Worcester 6/10 sites 60%

Program Participation

0% — 100%

Counties with the highest increase in overdose deaths as compared with other counties across the state
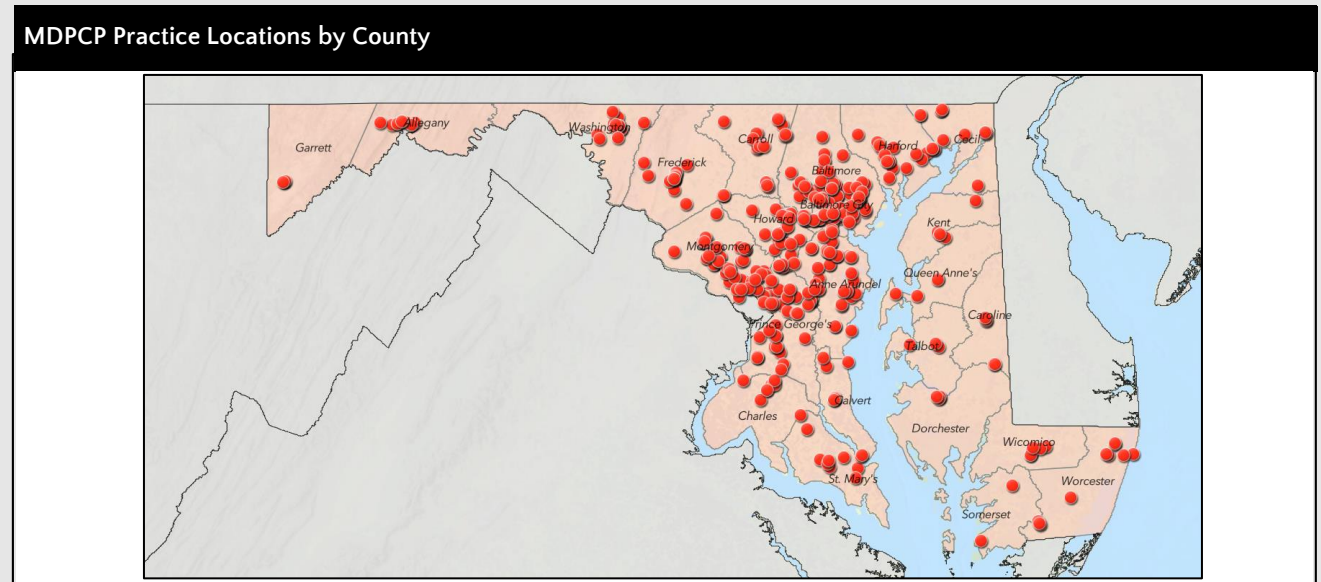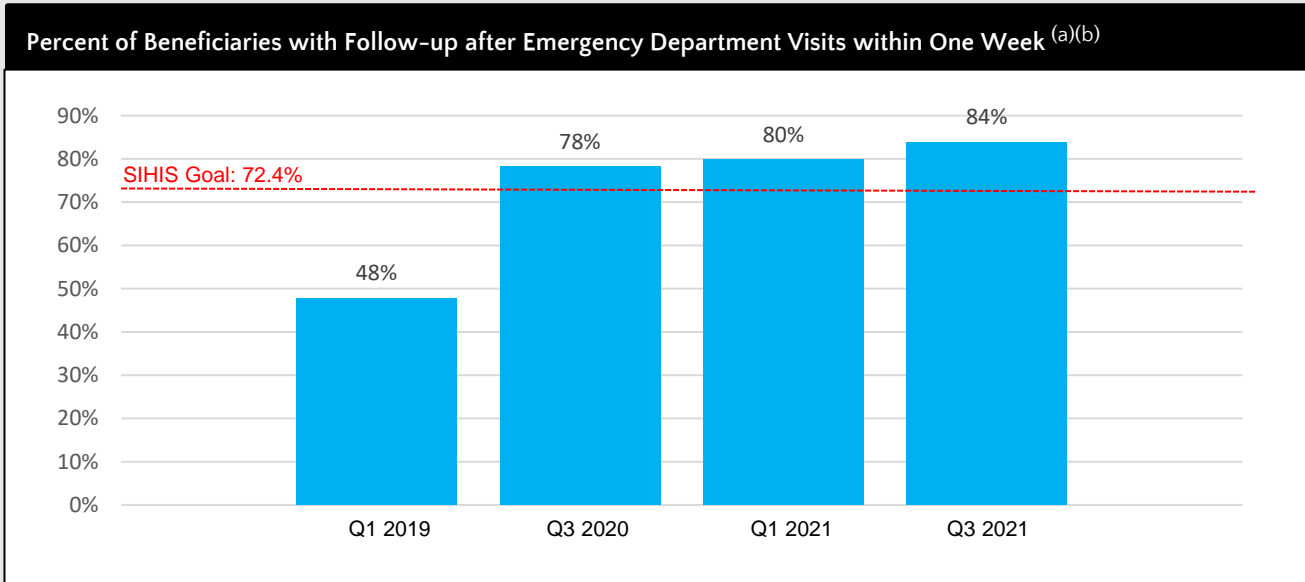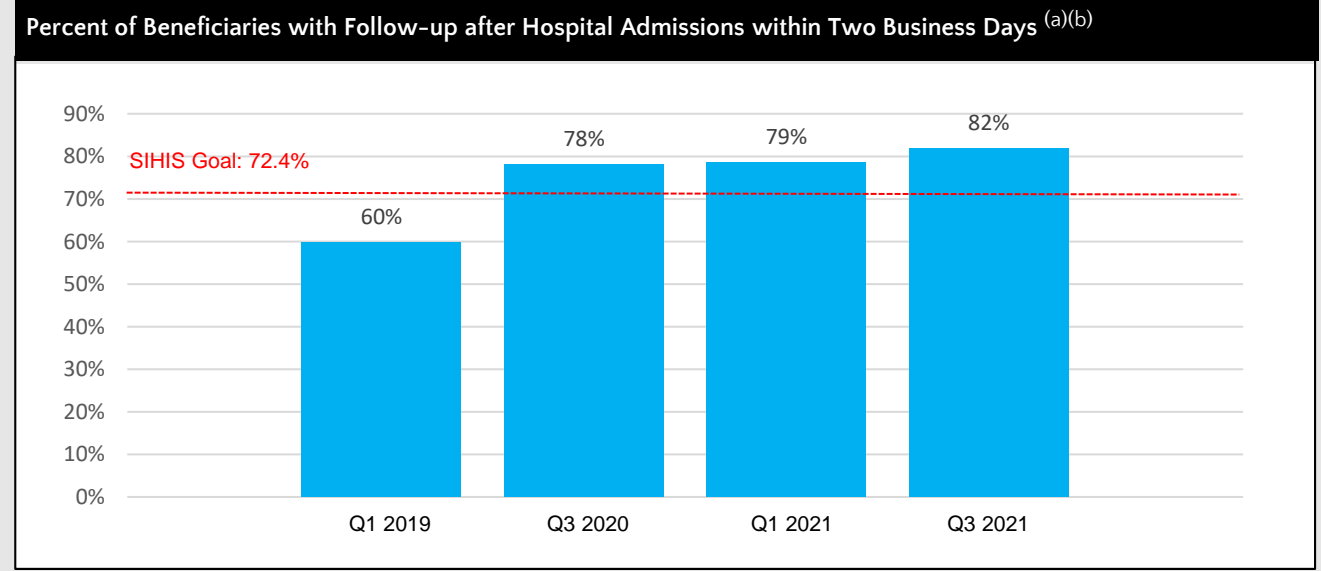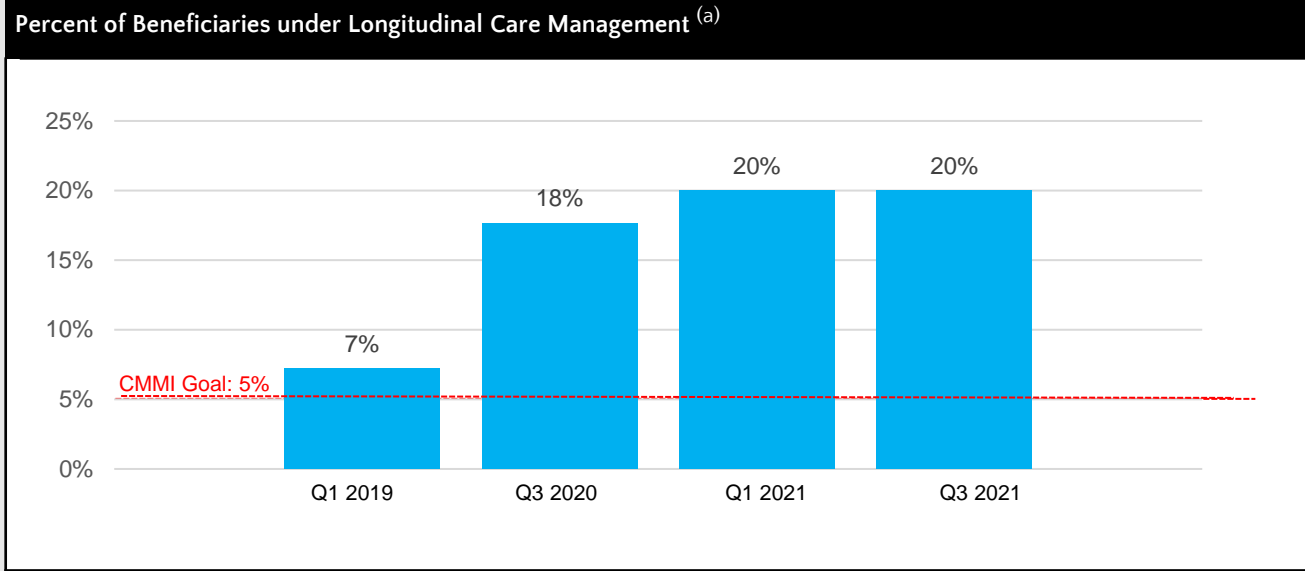
Monthly and Cumulative Statistics

	February – 22	March – 22	April – 22	May –22	June – 22	July-22	August-22	September-22	October-22	November-22	December-22	January-23	Total
% SBIRT Screens out of Total Eligible Patients	67%	63%	75%	71%	71%	72%	75%	75%	65%	70%	40%	70%	**64%**
% Positives out of Total SBIRT Screens	5%	7%	7%	7%	7%	8%	8%	6%	9%	8%	7%	5%	**7%**
% BI out of Total Positives	29%	36%	34%	34%	42%	40%	40%	46%	37%	8%	7%	5%	**42%**
Practices Reporting Per Month	200	213	190	222	208	213	204	187	219	203	221	186	-

(a) Data are through December 2022.

Maryland Primary Care Program Report

MDPCP Practices Follow Up
Reporting Period: January 2019 – January 2023

Maryland DEPARTMENT OF HEALTH

Percent of Beneficiaries under Longitudinal Care Management [a]

CMMI Goal: 5%

- Q1 2019: 7%
- Q3 2020: 18%
- Q1 2021: 20%
- Q3 2021: 20%

Percent of Beneficiaries with Follow-up after Hospital Admissions within Two Business Days [a][b]

SIHIS Goal: 72.4%

- Q1 2019: 60%
- Q3 2020: 78%
- Q1 2021: 79%
- Q3 2021: 82%

Percent of Beneficiaries with Follow-up after Emergency Department Visits within One Week [a][b]

SIHIS Goal: 72.4%

- Q1 2019: 48%
- Q3 2020: 78%
- Q1 2021: 80%
- Q3 2021: 84%

MDPCP Practice Locations by County

(a) Working to obtain updated data. 2022 data coming soon.
(b) CMMI (Centers for Medicare & Medicaid Services Innovation Center) develops and tests new healthcare payment and service delivery models to improve patient care and reduce costs.
(c) SIHIS (Statewide Integrated Health Improvement Strategy) is designed to engage state agencies and private-sector partners to collaborate and invest in improving health, addressing disparities, and reducing costs.

Maryland Primary Care Program Report

MDPCP Practices Implementing Collaborative Care Model (CoCM) for Mental Health

Reporting Period: January 2019 – January 2023

MDPCP Patients – Clinical Improvement under Collaborative Care Model based on CoCM Vendor's Report of 95 Participating Practices (CoCM)[a,b]

Days in CCP	30	60	90	120	180
% Patients with PHQ-9 CMR[2]	34%	76%	85%	89%	91%

> PHQ-9 scores have improved by 47% and GAD-7 scores have improved by 46%[1]

Assessments	M3	PHQ-9	GAD-7
Avg Baseline	43.0	12.9	12.1
Avg Improvement to date		-6.1 points	-5.5 points

Status of 2023 MDPCP Practices' Participation in Collaborative Care Model (CoCM)
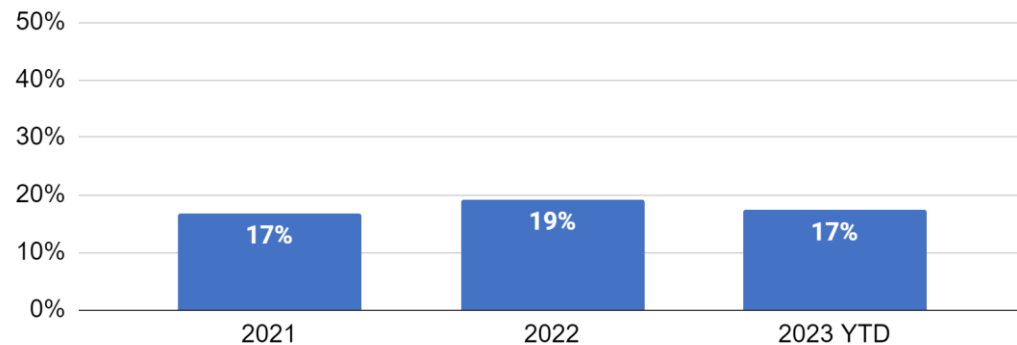
91% of assessed patients have achieved a Clinically Meaningful Reduction (CMR) in PHQ-9 Score within 6 months in CCP and with **76%** achieving CMR within just 2 months [2]

(1) Analysis includes cohort of patients who have had at least 2 PHQ-9 scores (or GAD-7 scores for the second table), while in CCP. PHQ-9 and GAD-7 improvements are expected to increase further as patients complete the program

(2) Clinically Meaningful Reduction in PHQ-9 defined as reduction in either (a) decrease by 50% from baseline, (b) drop of 5+ points, or (c) member achieves remission with a score <10.

(a) Data are through January 2023.

(b) Data reflects any patient enrolled in a practice over their tenure of care. Data goes back to January 2019