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Maryland Primary Care Program (MDPCP)

MDPCP Advisory Council Meeting
DRAFT

Chad Perman
Executive Director, MDPCP Management Office

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Agenda

- Brief Policy Update
- Recent Discussions and Timeline
- Advisory Discussion: Priority MDPCP Elements from MDPCP Participant Workgroup
- Next Steps

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Policy Update

- Annual Report Recommendations
  - CMMI is considering the following potential areas for change:
    - Expanding eligible specialties
    - Reducing the weight of TPCC
    - Expanding flexibility for HEART funds
  - Track 3 optional consideration - likely not feasible until PY 2025
- CMMI's Future Primary Care Priorities that MDPCP may need to align to:
  - All-payer and Medicare FFS Primary Care Investment Targets
  - Medicare FFS non-claims based payment
  - Medicaid aligned program
  - Focus on equity/social needs, BHI, and care management

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2/23 Meeting with MDPCP Participant Leaders

- Obtained participant input on the future of MDPCP in the next iteration of the TCOC model.
  - Representative provider and administrative leaders in practices and CTOs - solo to healthcare system and rural, urban and suburban
  - Strong alignment among the group
- Reviewed major elements of MDPCP and discussed potential changes
- Received additional written feedback

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MDPCP Future Elements Feedback Process

Feb 23– MDPCP Practitioner/Key Leaders Workgroup Mtg

March 2 – HSCRC Model Physician stakeholder mtg – PMO discuss MDPCP draft elements (elements to maintain or add) in more details

March 3 – MDPCP Practitioner/Key Leaders written feedback

Mar 28 – MDPCP Adv Council mtg – Draft Elements presented and finalized for sharing with HSCRC

Early April – MDPCP Adv Council Final elements to be sent to HSCRC for Progression Plan - HSCRC incorporates into April draft;

Late April/early May – PMO review before final May report to HSCRC

Spring/Summer – HSCRC aggregates stakeholder report recommendations into a Progression Plan

Summer/Fall – HSCRC submits Progression Plan to CMMI to initiate Future Model discussions

Discussion on Priority Elements for the Future of MDPCP

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MDPCP Guiding Principles - Based on AC Input

Advance whole person care

The program should:

- Expand equitable access to high value care for all Maryland residents.
- Enhance access to care through remote care, expanded hours, and participation in underserved regions.
- Encourage the implementation of evidence-based, multidisciplinary care management.
- Support the integration of behavioral health into somatic care.
- Identify opportunities, including potential partnerships, to engage patients in care transformation initiatives.

MDPCP Guiding Principles

Establish strong linkages with the health care community

The program should:

- Partner with stakeholders to expand care transformation.
- Integrate public health initiatives.
- Incorporate Statewide Integrated Health Improvement Strategy (SIHIS) goals for diabetes prevention, behavioral health integration, and addressing health equity and social needs.
- Expand participation of primary care practices.

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MDPCP Guiding Principles

Build a highly reliable program that supports and advances primary care

The program should:

- Develop a sustainable long-term strategic plan that builds upon previous accomplishments and lessons learned.
- Encourage the use of data and meaningful performance measures to improve care delivery.
- Show quality improvements.
- Provide sufficient funding to accomplish the goals of the program.
- Achieve financial savings targets.
- Improve practice payment structures by reducing complexity.
- Offer payment structures with manageable levels of financial risk to be inclusive of all primary care practice types.

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Advisory Discussion

- Discuss the MDPCP elements on the next 2 slides for recommendation to the HSCRC Physician Engagement Workgroup
- These elements are based on feedback from the Advisory Council Participant Workgroup, and other listening sessions.
- Please provide comments on the draft list, considering the following questions:
  - Do these elements make sense for the evolution of MDPCP?
  - Do these elements support a strong, advanced primary care program in Maryland?
  - Do these elements align with the Guiding Principles that the Advisory Council identified previously (earlier slides)?

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Top Priorities for the Future of MDPCP

Category	Element
Spending Level/ Investment	• Enhanced primary care investment sufficient to address medical, behavioral, and social needs of patients (additional health equity dollars important)
Payments	• Hybrid model of payment = FFS + Simplified, unified population based payment to fully support comprehensive, team-based primary care with flexibility on payment uses Modification • Provide practices the financial resources to address social needs, either through a specific equity-focused funding stream or within a unified MDPCP payment
Financial Risk	• Not requiring downside risk on the core primary care payments Modification • At-risk performance incentive payment
Payer Alignment	• Multi-payer alignment on payments, quality and data to reduce administrative burden and make care more efficient Modification

Top Priorities for the Future of MDPCP

Category	Element
Participation and Eligibility	• Maintain entry level track (T1) for initial starters and Track 2 Modification • Allow for additional application periods for new practices to join with more flexible requirements on attribution and specialty eligibility. Modification
Performance Measurement	• Responsibility for core set of clinical quality measures and utilization, with limited weight on total cost of care measure Modification • Simple, easily captured, meaningful performance data on measures that matter, with sufficient financial incentives adjusted for health equity Modification
Policy and State Leadership	• Additional shifting of policy-making and operations from CMMI to the State in regard to quality measures, payment methodology, enrollment eligibility, operations and data Modification
CTOs	• CTOs participation with guardrails and modifications to enhance care transformation and effectiveness Modification

*Items from both Medchi list and Provider Leader Feedback session

Other Potential Modifications for Future MDPCP

Category	Elements
Specialist coordination	• Clear incentives and delivery models (e.g. E-Consult) for specialist co-management of patients
Social Needs	• Social needs HIT platform including bidirectional referral technology with community resources that is integrated into clinical records
Administrative burden*	• Improve administrative efficiency of program through continued, intentional reduction in administrative burdens to practices
Flexibility and Waivers	• Telehealth flexibility beyond 2024 • Beneficiary inducement waivers for meeting social needs and cost-sharing (e.g., medications)

Next Steps

- Incorporate today's feedback from the Advisory Council
- Share the recommended elements with the HSCRC Physician Engagement workgroup