Maryland Health Care Commission

Thursday, April 16, 2015

1:00 p.m.

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**

2. UPDATE OF ACTIVITIES

3. ACTION: Certificate of Need/Change in Approved Project: 700 Toll House Avenue Operations LLC d/b/a College View Center (Docket No. 12-10-2336)

4. ACTION: Institutional Review Board - Recognition of an alternative IRB

5. PRESENTATION: Privately Insured Health Care Spending in 2013

6. PRESENTATION: Maryland Multi-Payer Program Evaluation

7. UPDATE: Maryland Health Care Quality Reports – Release of New Data

8. Overview of Upcoming Initiatives

9. ADJOURNMENT

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(Agenda Item #3)

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MARYLAND HEALTH CARE COMMISSION

ACTION:

Institutional Review Board - Recognition of an alternative IRB

(Agenda Item #4)

Request for Recognition of an Alternative IRB

MARYLAND HEALTH CARE COMMISSION MEETING

APRIL 16, 2015

Background on Request

- Commission initiative to make privately insured data in the MCDB available to Medicaid (using Hilltop) for comparative studies of private insurance and Medicaid
- Until MCDB regulations are revised to include a privacy board, all data use agreements (DUAs) for the MCDB must be reviewed by an Institutional Review Board (IRB) prior to Commission consideration
- The Commission may use any IRB recognized by the Commission in considering requests for MCDB files (10.25.11.01)
  - Currently there is one IRB recognized by the Commission (Sept. 2011)
  - The DHMH IRB is registered with U.S. Department of Health and Human Services (approved through 2018) and has an approved Federalwide Assurance (approved through 05/13/2019), which is a commitment to comply with the FWA Terms of Assurance.

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MARYLAND HEALTH CARE COMMISSION

PRESENTATION:

Privately Insured Health Care Spending in 2013

(Agenda Item #5)

Privately Insured Report

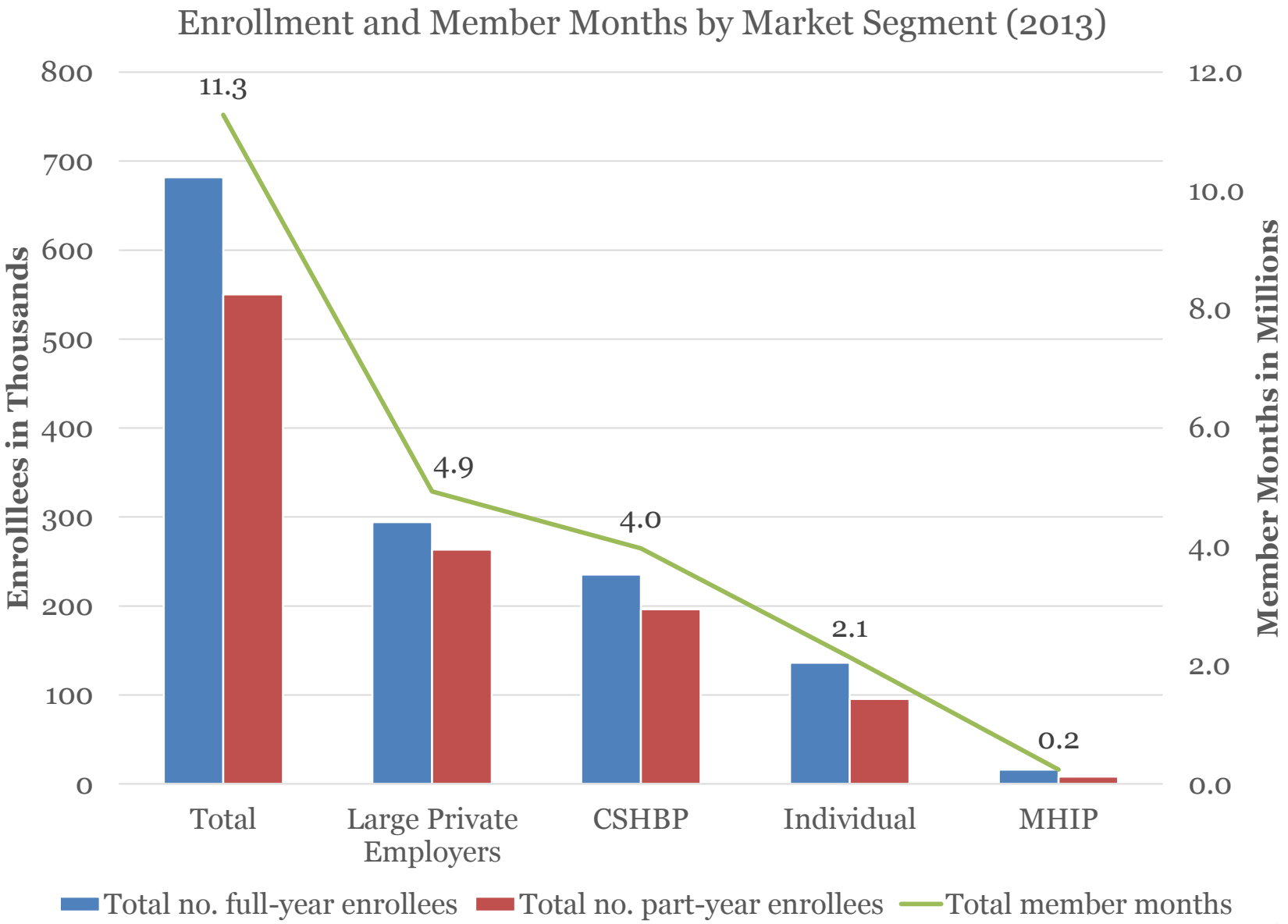
Commission Meeting

April 16, 2015

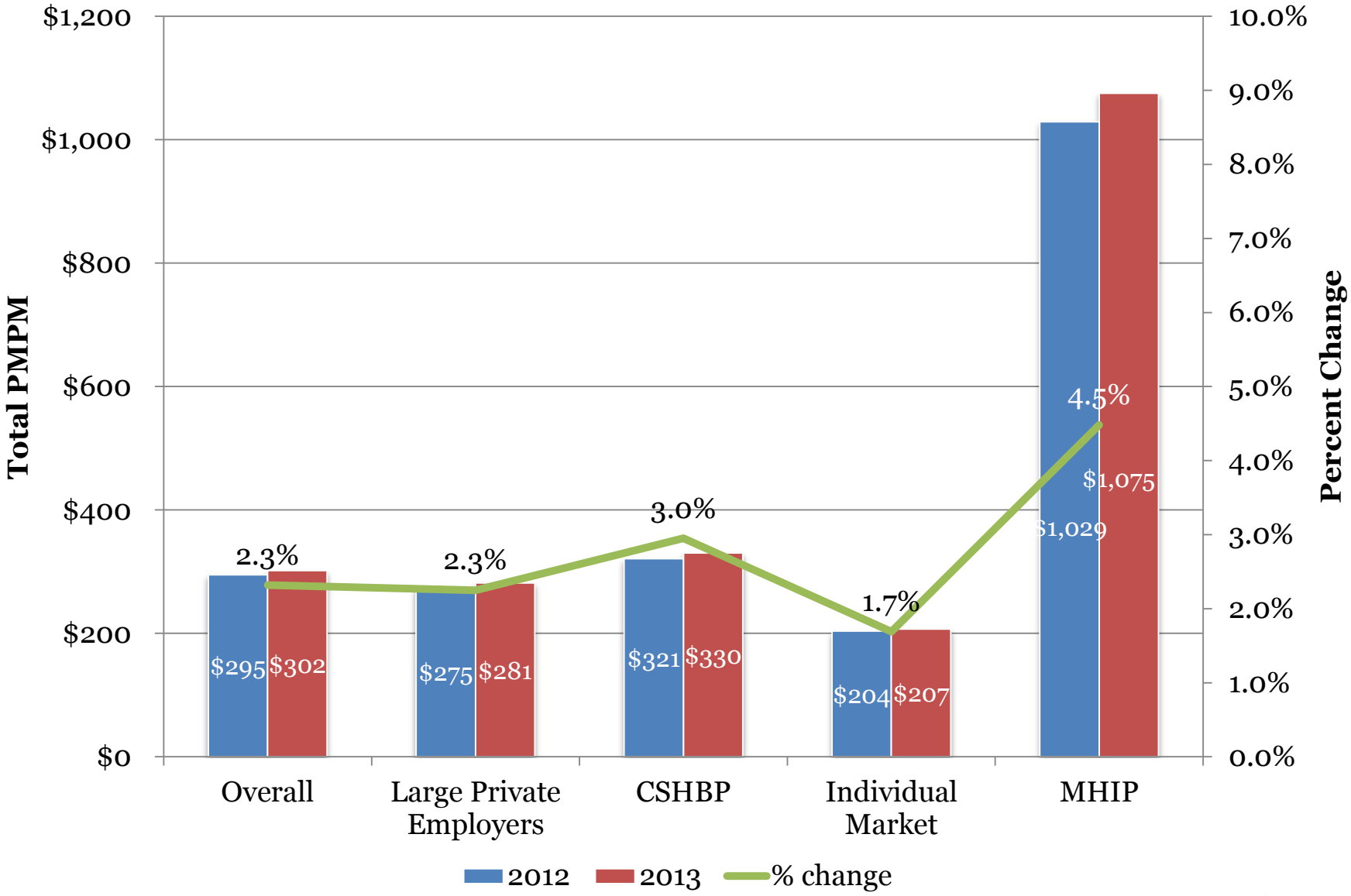
MHCC | MARYLAND HEALTH CARE COMMISSION

Overview

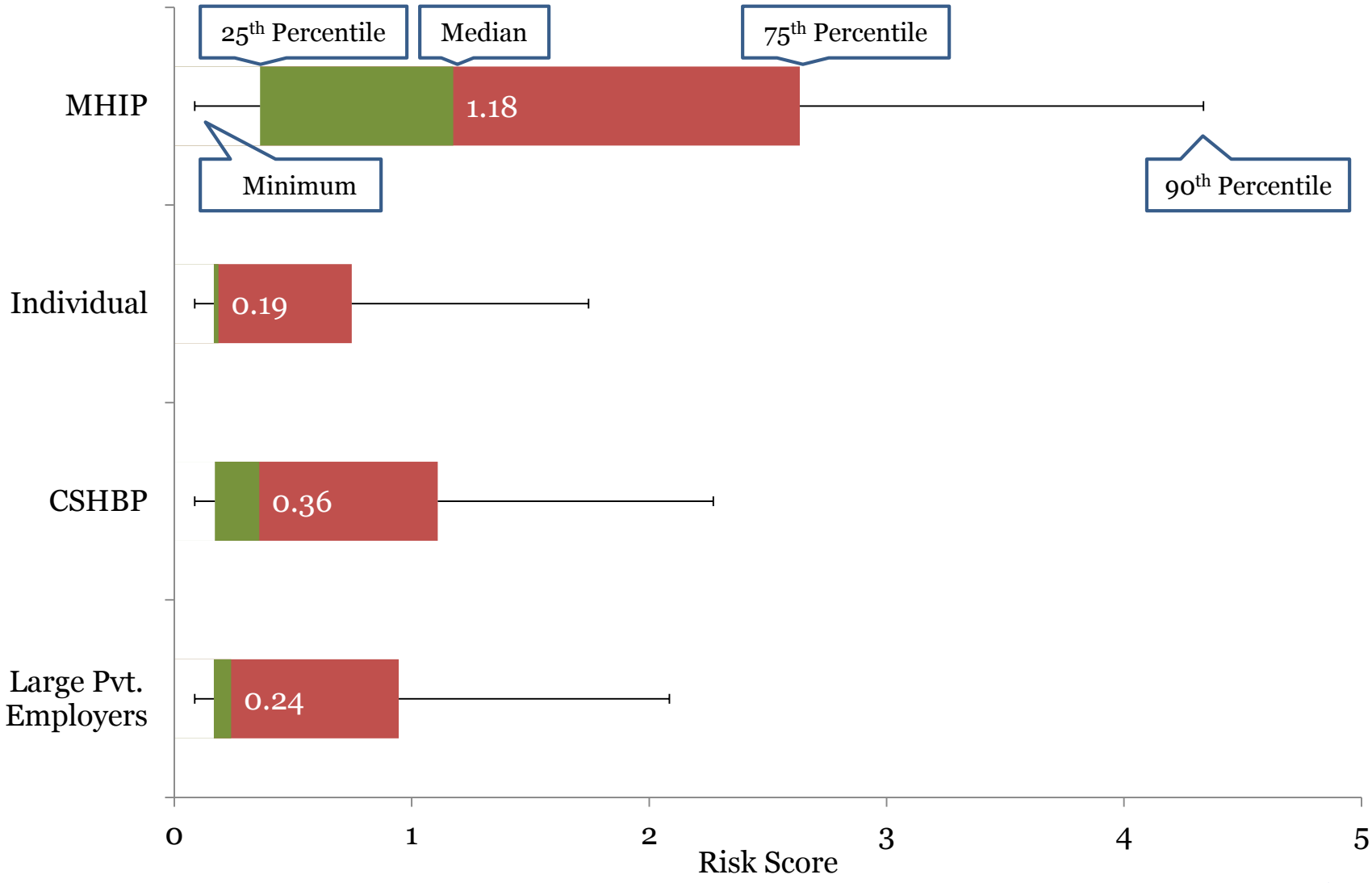
- MHCC is required to report annually on healthcare spending and utilization
  - Source: Medical Care Data Base, 2103
  - Fully-insured private plans, Maryland residents
  - Study variation by market segment, geography, age, and service category
- Change in report: Shift from per capita to Per Member Per Month (PMPM) spending
  - Allows more complete use of data; both full-year and part-year enrollees included
  - Method consistent with MIA and other external studies of health insurance


Enrollment and Member Months by Market Segment (2013)
Enrollees in Thousands
Member Months in Millions
800
700
600
500
400
300
200
100
0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
11.3
4.9
4.0
2.1
0.2
Total
Large Private Employers
CSHBP
Individual
MHIP
Total no. full-year enrollees
Total no. part-year enrollees
Total member months

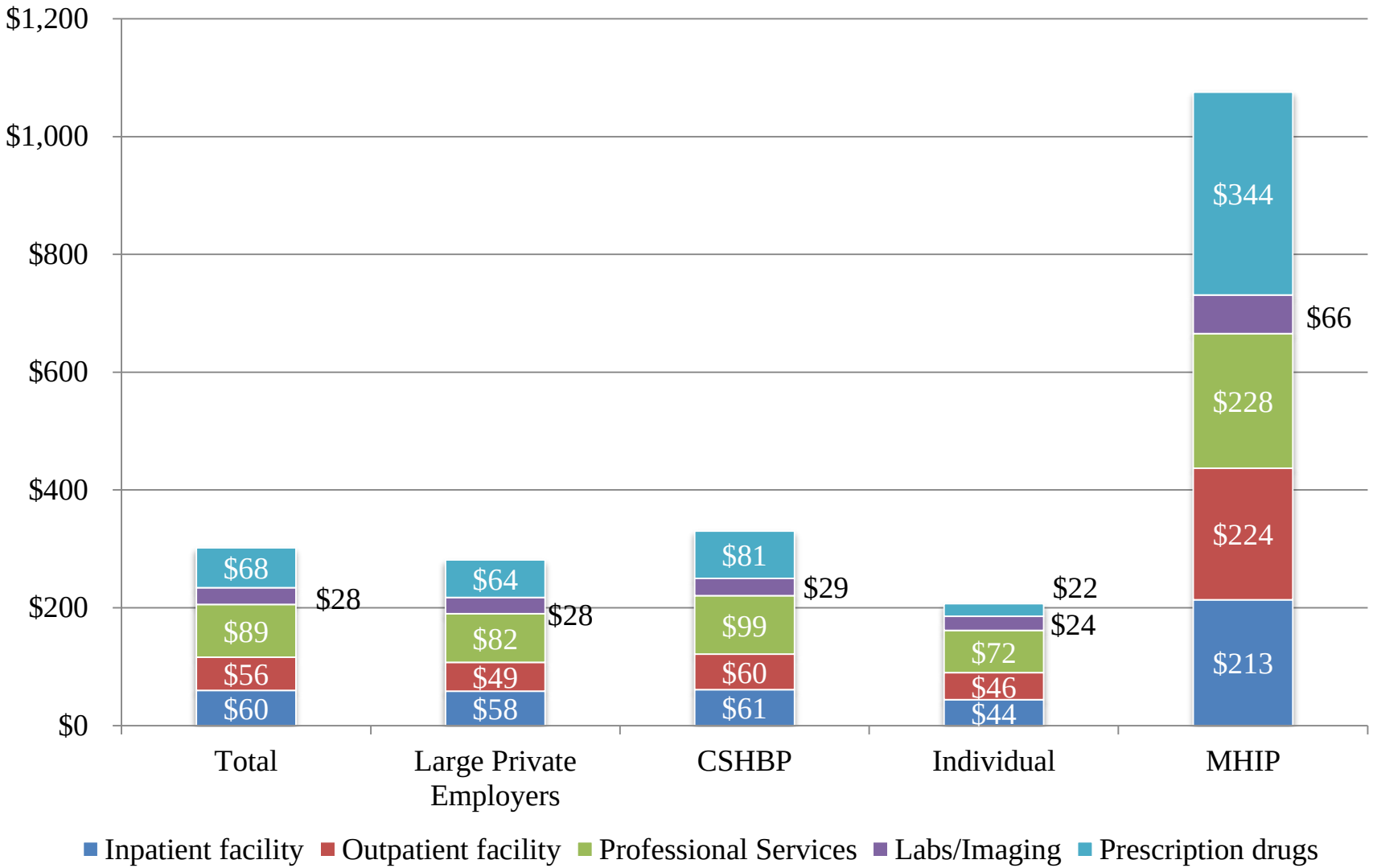
Total PMPM Change by Market Segment (2012 vs. 2013)



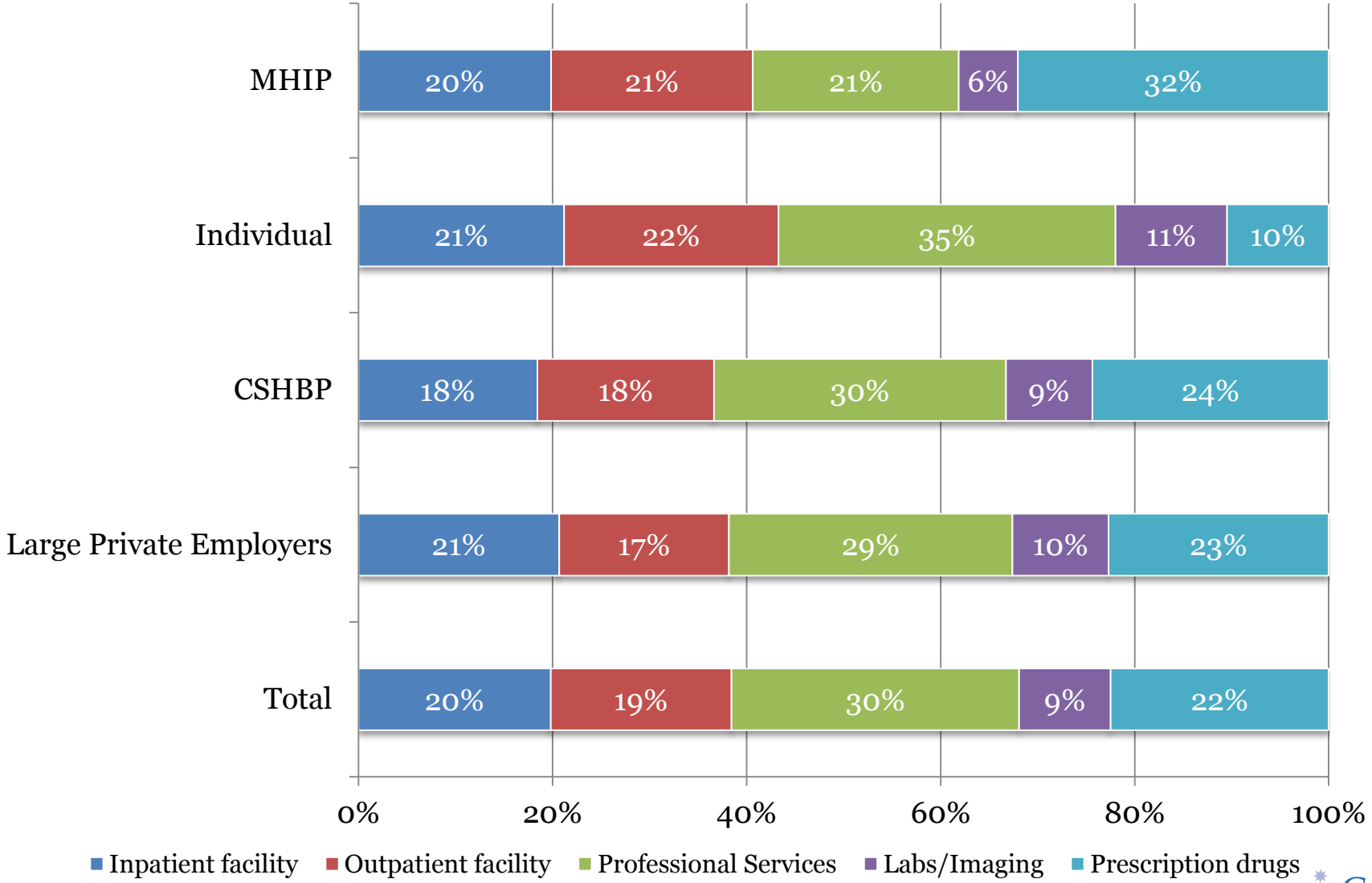
CDPS Risk Score by Market Segment (2013)



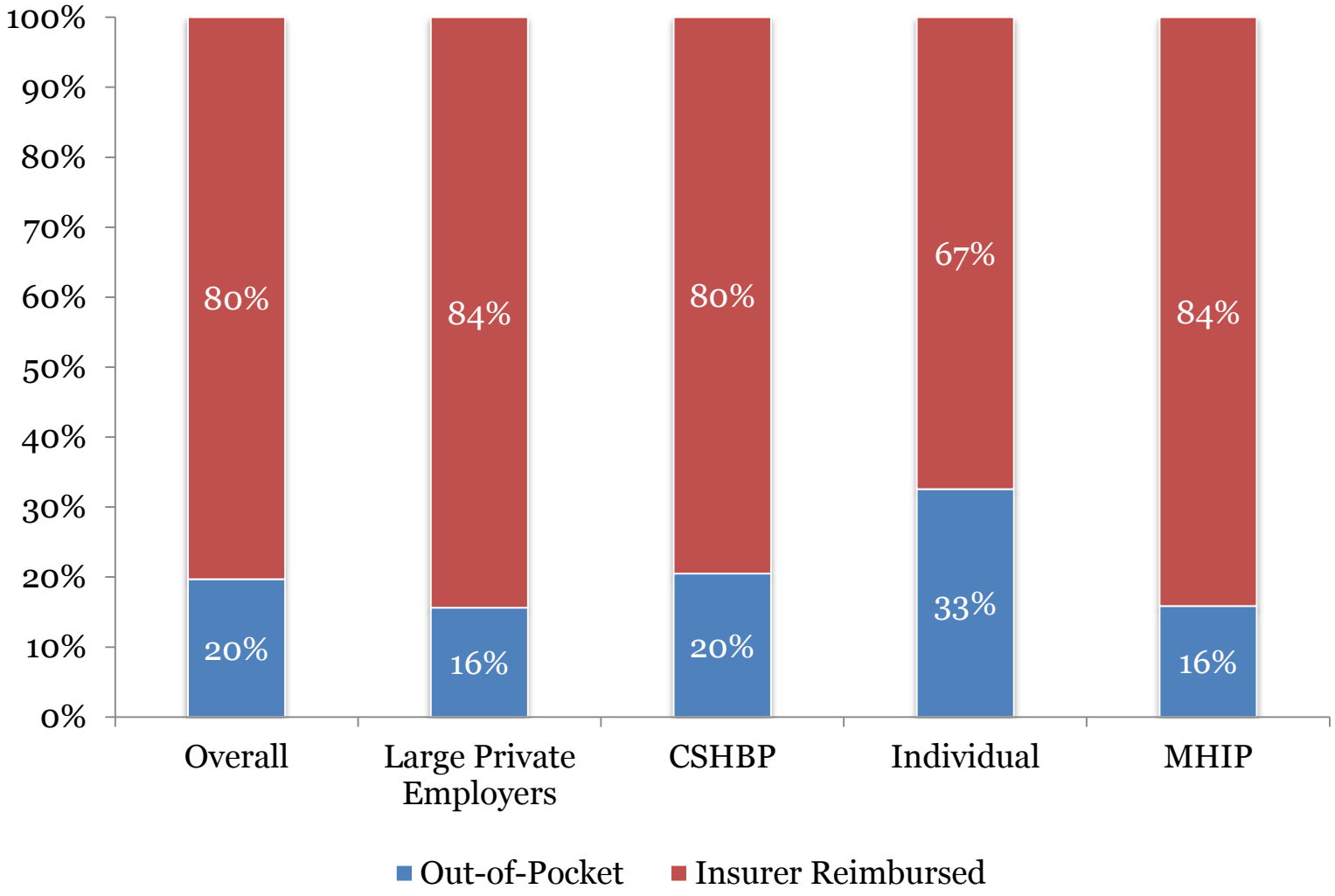
PMPM Spending by Market Segment and Service Category (2013)



Distribution of PMPM Spending by Service Category and Market Segment (2013)



Out-of-Pocket and Reimbursed Shares of Total Spending by Coverage Type(2013)



Questions?

MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

PRESENTATION:

Maryland Multi-Payer Program Evaluation

(Agenda Item #6)

Maryland's Multi-Payor Patient Centered Medical Home Program

Final Evaluation Results

April 16, 2015

The MARYLAND
HEALTH CARE COMMISSION

Discussion Points

- Maryland Multi-Payor Patient Centered Medical Home Program (MMPP) Background
- Program Evaluation
- Upcoming Initiatives
- Next Steps
- Questions

MMPP Background

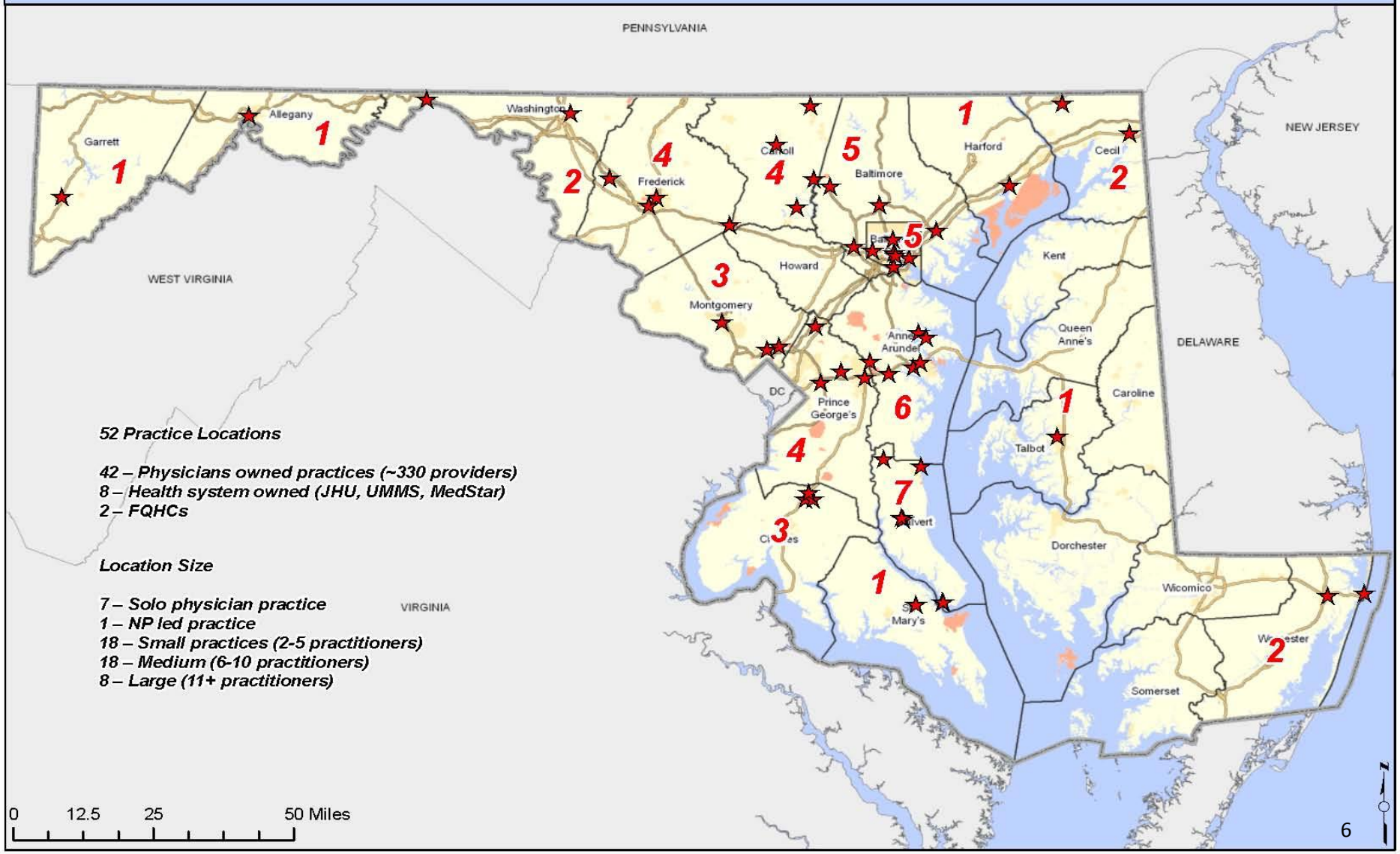
Overview

- Maryland law (2010) required the Maryland Health Care Commission (MHCC) to develop a three-year pilot Multi-Payor Patient Centered Medical Home (PCMH) Program to improve the health and satisfaction of patients and slow the growth of health care costs while supporting the satisfaction and financial viability of primary care providers and enabled:
  - Exemption for a cost-based incentive payment tied to PCMH; and
  - Authority for carriers to establish single carrier PCMH programs with an incentive-based reward structure (shared savings) and data sharing
- The pilot evaluation period ended June 30, 2014; however, the program continues through 2015

Participating Practices

- 52 practices from across Maryland that vary in size and ownership; includes two Federally Qualified Health Centers
- Specialties include pediatric, family practice, internal medicine, and geriatric practices
- 339 practitioners, primarily physicians and some certified registered nurse practitioners
- 100,000 attributed commercial patients
- 56,000 Medicaid patients
- For 15 of 52 practices in 2014, Medicaid enrollees were at least 20 percent of their patient mix

MMPP Practice Sites

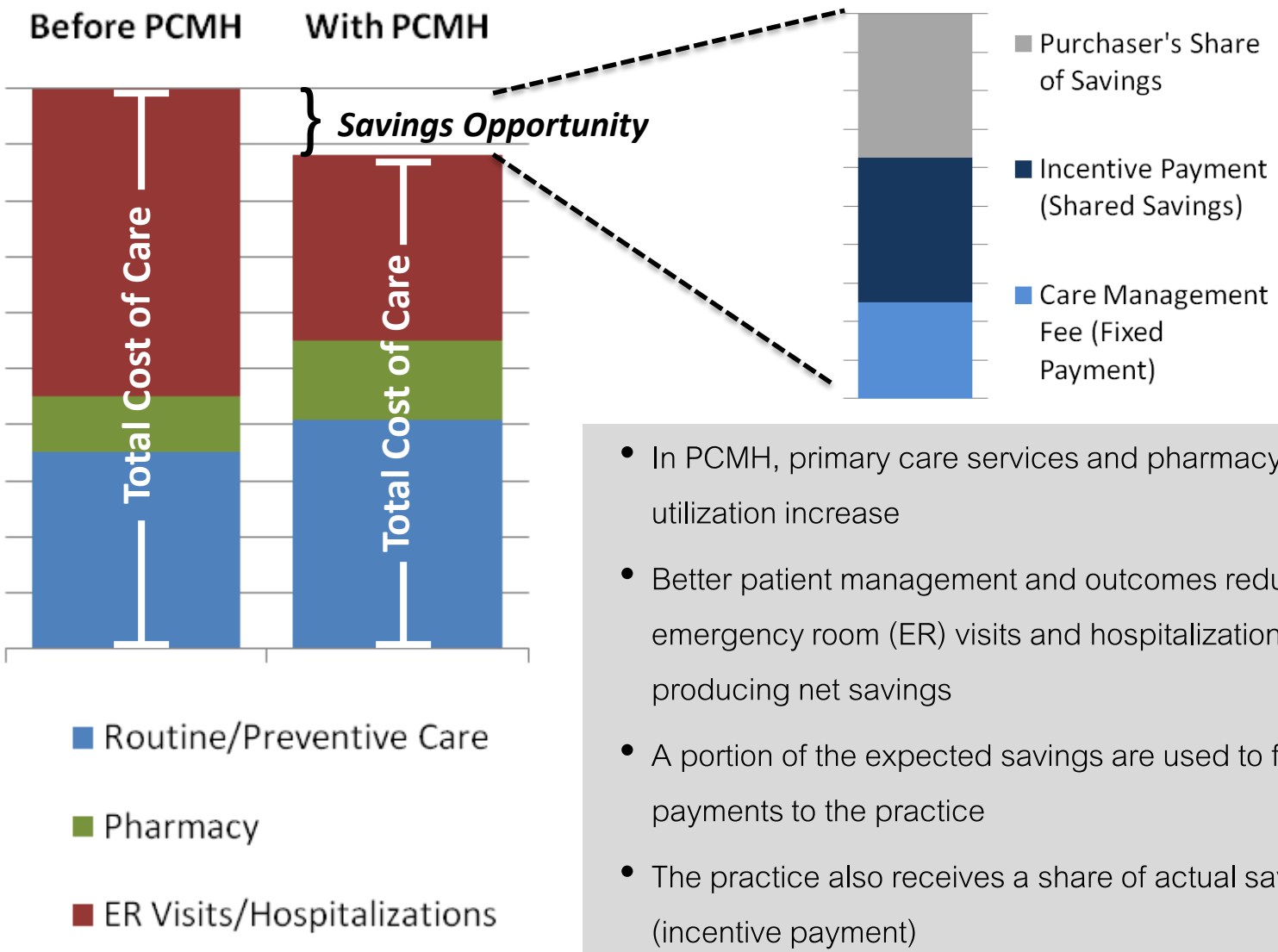


MMPP Components

- MMPP seeks to drive health system improvement by aligning measures and incentives for large patient populations
- Key components of the program are:
  - Innovative payment reforms to support primary care;
  - Multiple payor participation;
  - State government convening role;
  - Standards for PCMH identification;
  - New staffing models for team-based primary care;
  - Technical assistance to practice sites;
  - Common measurement of performance; and
  - Collaborative learning

MMPP Results

MMPP Financial Model – Overview



- In PCMH, primary care services and pharmacy utilization increase
- Better patient management and outcomes reduce emergency room (ER) visits and hospitalizations, producing net savings
- A portion of the expected savings are used to fund fixed payments to the practice
- The practice also receives a share of actual savings (incentive payment)

Maryland and National PCMH Experience

- Quality gains are real and significant:
  - Over 3 years, practices were able to report more measures, and improved their average performance by 15 percent;
  - Financial incentives motivate engagement; and
  - Measures motivate improvement
- Financial gains are hard to isolate:
  - Roughly 40 percent of practices achieved shared savings in each year
  - Many different factors impact results; and
  - Especially challenging for small provider organizations

Maryland and National PCMH Experience
(Continued)

- Providers prefer consistent measures and requirements
- Payors prefer autonomy and flexibility
- Accountable care concepts are propagating through the health system:
  - *Primary care physicians;*
  - *Specialist physicians;*
  - *Hospitals; and*
  - *Allied providers and professionals*

The Evaluation

Program Evaluation

- The MHCC contracted with IMPAQ International to conduct an independent evaluation of the MMPP pilot
  - The IMPAQ team includes researchers from IMPAQ International, the Johns Hopkins Bloomberg School of Public Health, Healthcare Resolution Services, and the University of Maryland School of Pharmacy

- The IMPAQ team developed an executive summary and five issue briefs that assessed the impact of the pilot on the following domains:
  - Health care disparities;
  - Health care quality, utilization and costs;
  - Patient experience and satisfaction;
  - Practice transformation; and
  - Provider satisfaction

Health Care Disparities Brief

Describes the evaluation findings of the MMPP pilot on health care disparities as part of the broader evaluation of the impact of the MMPP

- *Approach*
  - Assessed heath care disparities across four domains:
    - Race;
    - Gender;
    - Geographic location (proximity to a large versus small metropolitan area); and
    - Insurance type – commercial versus Medicaid

Health Care Disparities Brief *(Continued)*

- *Findings*
  - Of the 30 health care disparities that existed in the baseline year, almost 2/3 (19) improved; no change in 9 disparities and 2 disparities worsened
  - Disparities by practice location (small metro versus large metro area) and race were the most likely to be reduced by MMPP (including disparities of inpatient hospital days and well-child visits)

Health Care Quality, Utilization & Costs Brief

Describes the evaluation findings of the MMPP pilot on quality of care, utilization of services, and costs of care in each year of the pilot (2011, 2012, 2013), compared to baseline (2010)

- *Approach*
  - MMPP pilot practices and comparison practices were compared on measures of quality of care, utilization of services, and costs of care
    - Measures were constructed from administrative claims data (All Payer Claims Database and Medicaid)

Health Care Quality, Utilization & Costs Brief
(Continued)

- *Findings*
  - Evidence that the MMPP slowed growth of some inpatient and outpatient payments, and thus, health care costs for MMPP patients
  - Chronic disease management of some ambulatory care sensitive conditions (ACSCs) improved
  - Reduction in emergency department visits and inpatient stays among Medicaid patients with ACSCs

Patient Experience & Satisfaction Brief

Describes the findings of patient surveys of MMPP patients collected after the end of the pilot in 2014 in comparison to surveys collected in 2013

- *Approach*
  - Two surveys (one for adults and one for children) evaluated patient experience, including:
    - Delivery of health care;
    - Trust in provider; and
    - Access and chronic illness management

Patient Experience & Satisfaction Brief *(Continued)*

- *Findings*
  - Patient surveys showed that at the end of the pilot period, more adult patients rated patient-provider communication highly than earlier in the pilot period
  - Respondents for children were highly satisfied with care
  - Surveys indicated differences in patient experience ratings among patient subgroups, including lower scores on some measures for African Americans and the chronically ill
  - Other measures showed higher scores among the chronically ill and Medicaid populations

Practice Transformation Brief

Summarizes findings from site visits at nine MMPP practices at baseline and final year

- *Approach*
  - Qualitative evaluation assessing practice transformation using data collected through:
    - Site visits and interviews with practice managers;
    - Care managers; and
    - Clinical and support staff

Practice Transformation Brief *(Continued)*

- *Findings*
  - MMPP practice staff indicated that important factors associated with practice transformation were:
    - Improved care coordination;
    - Increased communication;
    - Advancement of monitoring and reporting systems; and
    - Better standardization of policies and procedures

Provider Satisfaction Brief

Describes the findings of provider surveys, collected after the end of the pilot in 2014 in comparison to surveys collected in 2013

- *Approach*
  - Providers from (1) MMPP pilot practices, (2) another PCMH program, and (3) practices with low exposure to PCMH were assessed on five domains related to their practice and the PCMH program in their practice:
    - Satisfaction with care;
    - Staff roles in care;
    - Job satisfaction and care team functioning;
    - Practice team composition; and
    - Perceptions of the PCMH model

Provider Satisfaction Brief *(Continued)*

- *Findings*
  - Compared to other practices, MMPP practices feature greater inclusion and extended roles for medical assistants (MAs) and greater use of health educators
  - MMPP providers had high satisfaction with care and positive perceptions of several team-functioning measures
  - Program effects were mixed relative to change in non-MMPP comparison practices

Wrap Up – The Evaluation

- The findings of the evaluation show that the adoption of the PCMH model by primary care practices in the MMPP met important program goals

- Insights gained from the implementation of the MMPP pilot provide a basis for expanding the adoption of this and other models of primary care delivery by a larger number of providers and health systems

Upcoming Initiatives

MMPP Practice Transition

- The MMPP pilot concludes at the end of 2015
- Transition activities ensure support to MMPP practices as they evaluate participation in single-carrier advanced care delivery models:
  - CareFirst;
  - Cigna;
  - Aetna; and
  - UnitedHealthcare

PCMH Transformation Workgroup

- Staff convened this multi-stakeholder group in February 2014 to develop recommendations for expanding advanced care delivery models
  - Meetings continue through the summer
- Key activities of the PCMH Transformation Workgroup include:
  - Measuring quality performance;
  - Attributing patients to a practice;
  - Ensuring payment transparency to the practice;
  - Supporting care coordination;
  - Qualifying a primary care practice as a participant in a single carrier program; and
  - Reducing disparities in the delivery of health care

Next Steps

- Present the MMPP evaluation to select stakeholders
- Maintain the MMPP program through 2015
- Work with MMPP practices to complete the transition to existing single carrier programs
- Facilitate the development of recommendations from the PCMH Transformation Workgroup

Questions

The MARYLAND
HEALTH CARE COMMISSION

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UPDATE:

Maryland Health Care Quality Reports – Release of New Data

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MARYLAND HEALTH CARE COMMISSION

Overview of Upcoming Initiatives

(Agenda Item #8)


ENJOY THE REST OF
YOUR DAY