Maryland Health Care Commission

Thursday, January 26, 2017

1:00 p.m.

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**
2. UPDATE OF ACTIVITIES
3. **PRESENTATION:** Overview of Maryland's Comprehensive Primary Care Redesign Proposal
4. **ACTION:** Certificate of Need – Recommended Decision – Recovery Centers of America - Waldorf (Docket No. 15-08-2362)
5. **ACTION:** Certificate of Need –Recommended Decision – Recovery Centers of America – Upper Marlboro (Docket No. 15-16-2364)
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8. **ACTION**: COMAR 10.25.18 – Health Information Exchanges: Privacy and Security of Protection Health Information – Proposed Regulations
9. **PRESENTATION:** Round 5 Telehealth Award
10. Overview of Upcoming Initiatives
11. ADJOURNMENT

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MARYLAND HEALTH CARE COMMISSION

PRESENTATION:

Overview of Maryland's Comprehensive Primary Care Redesign Proposal

(Agenda Item #3)

CHANGING
Maryland
for the Better

Maryland Primary Care Model
Maryland Health Care Commission

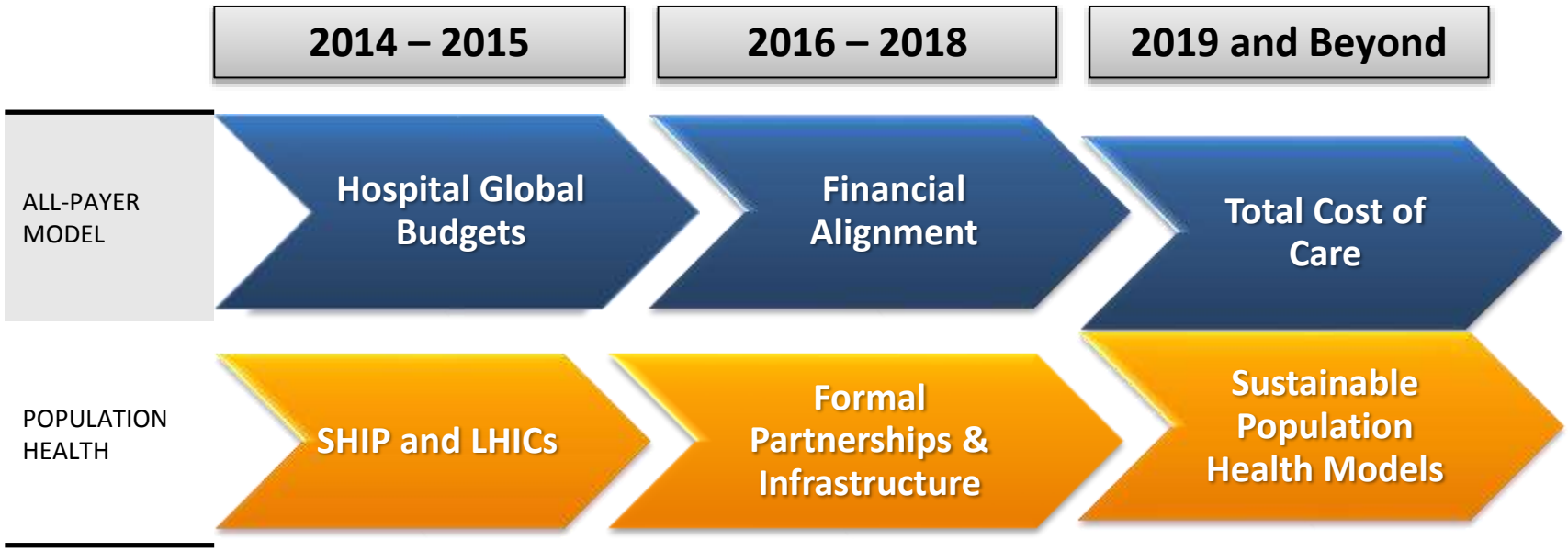
Chad Perman, MPP
Department of Health and Mental Hygiene
Director, Health System Transformation
Office of Population Health Improvement
January 26, 2017

Put your “Why” before your “What”!

The "Why"
Leveraging Window of Opportunity

- Healthier Maryland - Equity
- Strengthened and Transformed Primary Care Delivery
  - Move from volume to value
  - Align with All Payer Model and MACRA
- Person Centered Care
- Higher Quality, Better Experience and Lower Costs
- Federal government willing to make substantial financial investment to implement Primary Care Model and help the state manage Medicare and Duals populations

Transformation Progression



Dec 31, 2016

Submit designs of:
- Primary Care Model
- State Population Health Plan
- All Payer Model Progression Plan
- Duals ACO

2017

- All Payer Model Amendment, Population Health Plan – Design
- Primary Care Model – infrastructure development

2018

- Primary Care Model – Year 1 Operation
- Additional Population Health Plan and VBP - Planning

MACRA

Law *intended* to align physician payment with *value*

The **Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)**

Quality Payment Program

- Merit-Based Incentive Payment System (MIPS)
- Alternative Payment Models (APMs)

Source: CMS webinar slides, https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-MACRA-NPRM-Slides.pdf

The Quality Payment Program Provides Additional Rewards for Participating in APMs

Potential financial rewards

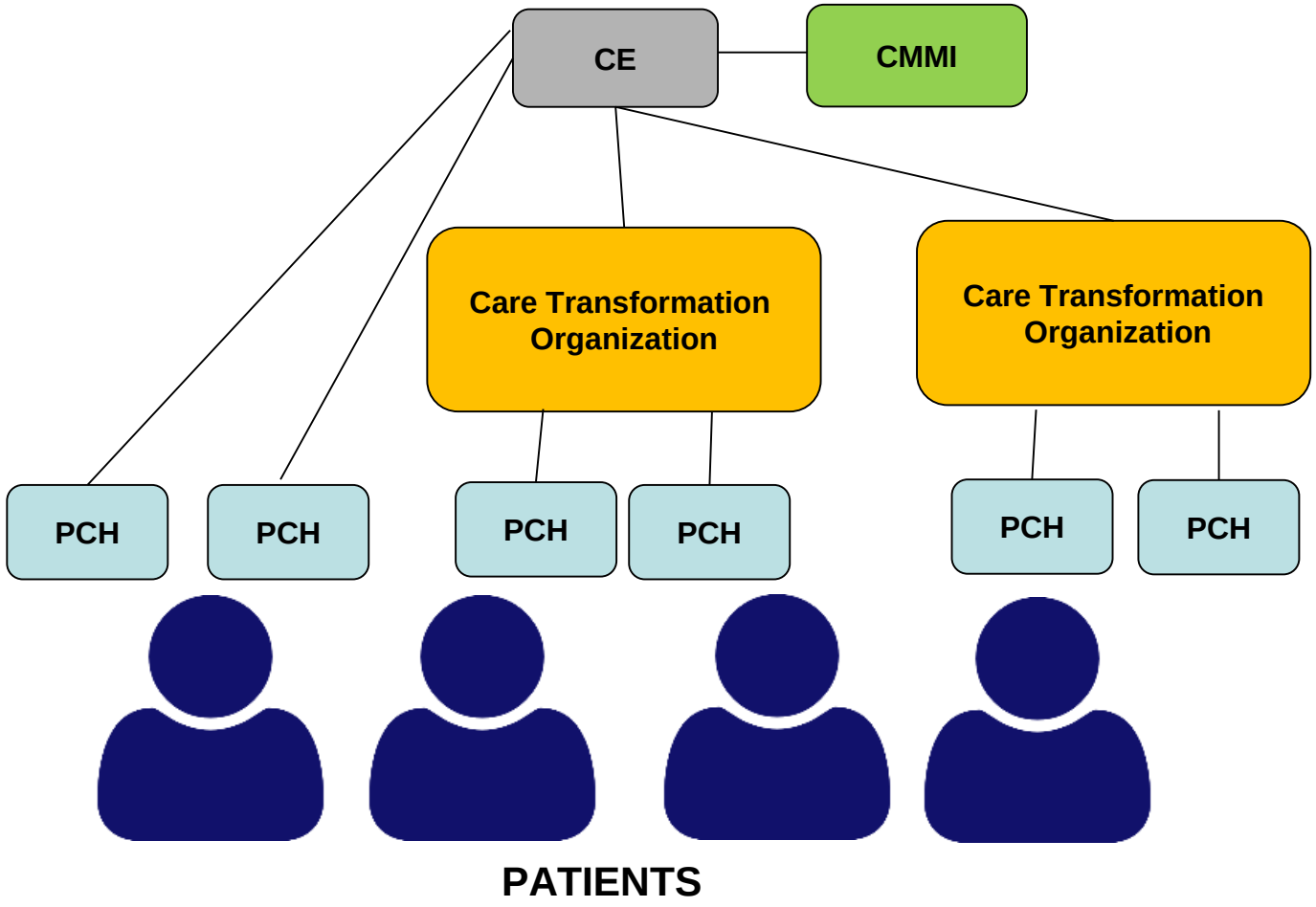
Not in APM	In APM	In Advanced APM (AAPM)
MIPS adjustments	MIPS adjustments	
	+	
	APM-specific rewards	APM-specific rewards
		+
		5% lump sum bonus

If you are a **Qualifying APM Participant (QP)**

Source: CMS webinar slides, https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-MACRA-NPRM-Slides.pdf

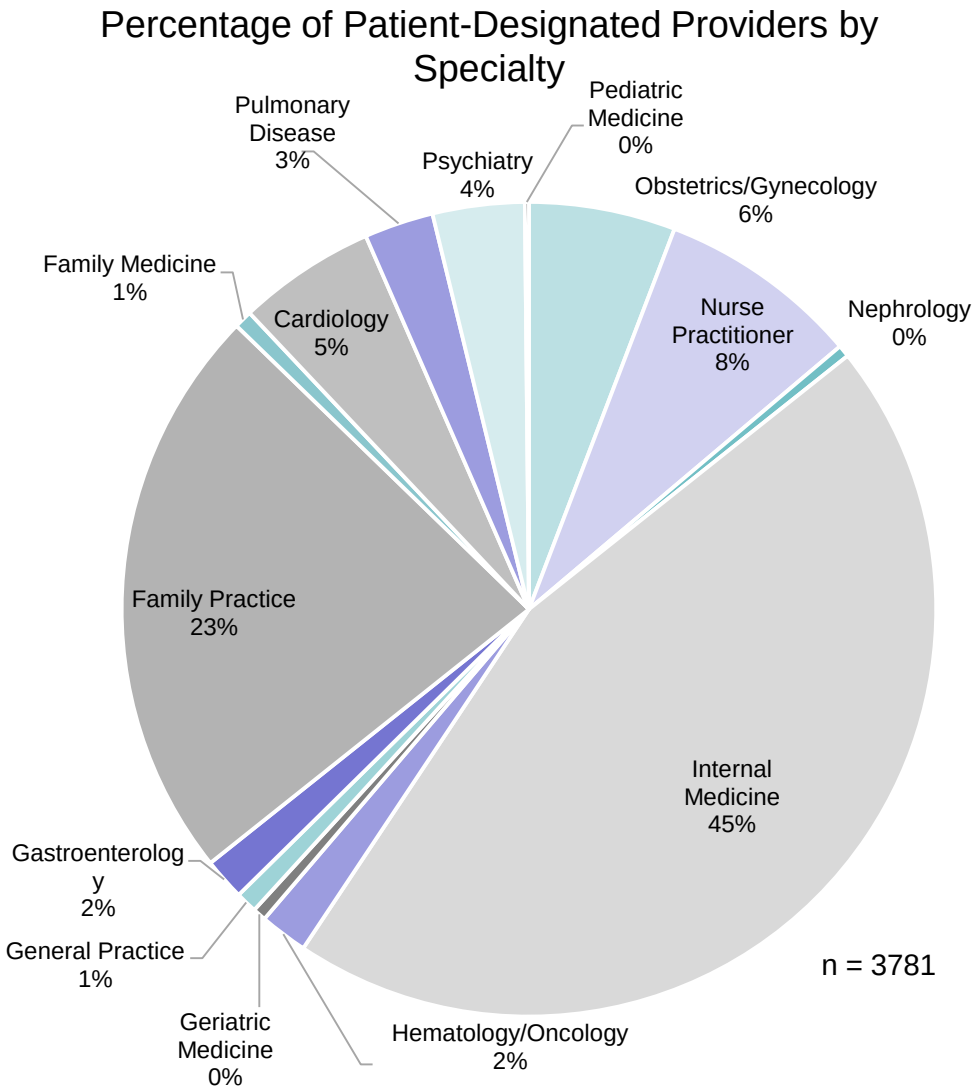
OVERVIEW OF PRIMARY CARE MODEL

The "What"
Summary View of Primary Care Program



The "Who"
PDPs

- Patient Designated Providers (PDPs)
  - The most appropriate provider to manage the care of each patient
  - Provide preventive services
  - Coordinate care across the care continuum
  - Ensure enhanced access
  - Most often this is a PCP but may also be a specialist, behavioral health provider, or other depending on patients health needs



14

The "What"
Enhanced Patient Experience

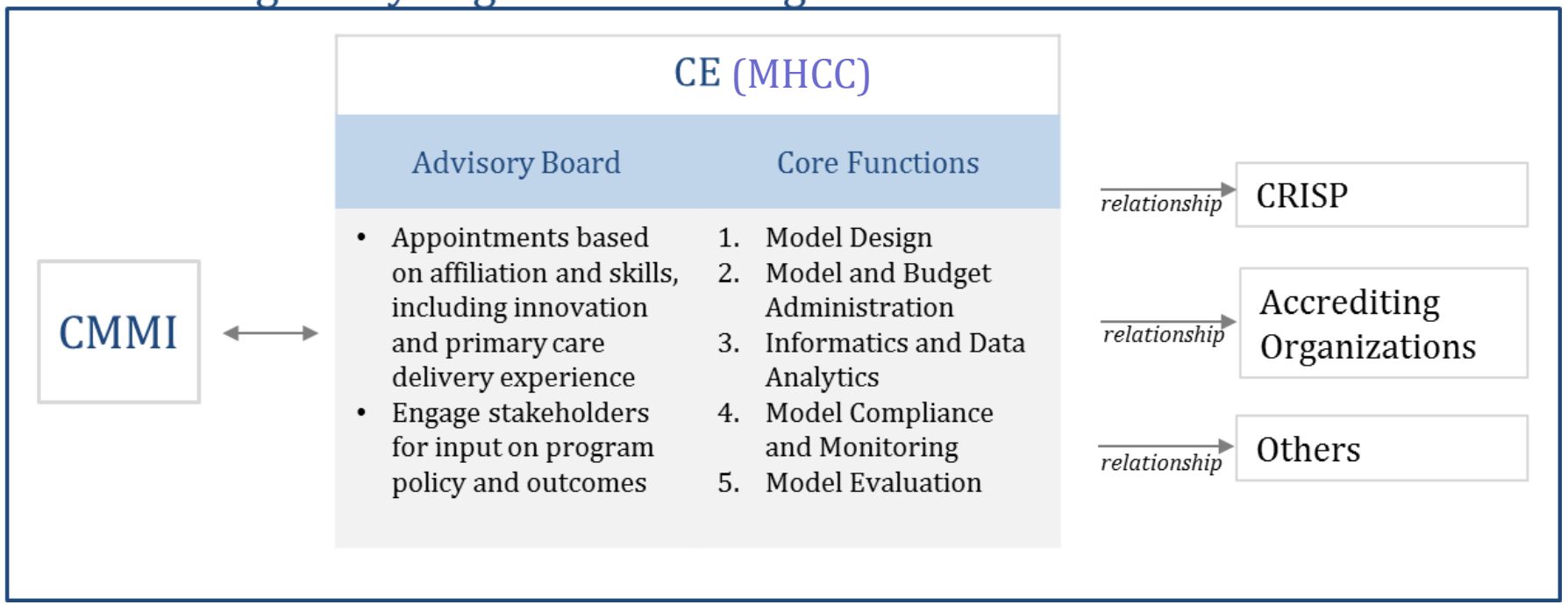
- I am a Medicare beneficiary
- Provider selection by my historical preference
- I have a team caring for me led by my Doctor
- My practice has expanded office hours
- I can take advantage of open access and flexible scheduling:
  - Telemedicine, group visits, home visits
- My care team knows me and speaks my language
- My records are available to all of my providers
- I get alerts from care team for important issues
- My Care Manager help smooth transitions of care
- I get Medication support and as much information as I need
- I can get community and social support linkages (e.g., transportation, safe housing)

The "What"
Provider Experience

- Voluntary participation
- Able to spend more time with patients
- Patient care management support based on severity index
- Care managers part of my care team
- Practice incentives:
  - 5% MACRA participation bonus (lump sum); CPC+ participation
  - Prospective Payments
    - Quality and Utilization incentive bonus $2.50 or $4 PBPM (Track 1, Track 2, respectively) – Annual
    - Track 2 comprehensive payment – Quarterly
    - Care Management payment PBPM risk adjusted - Quarterly
  - Care management infrastructure
  - Practice transformation support
  - Healthier patient population
  - Reimbursement for non-office based visits

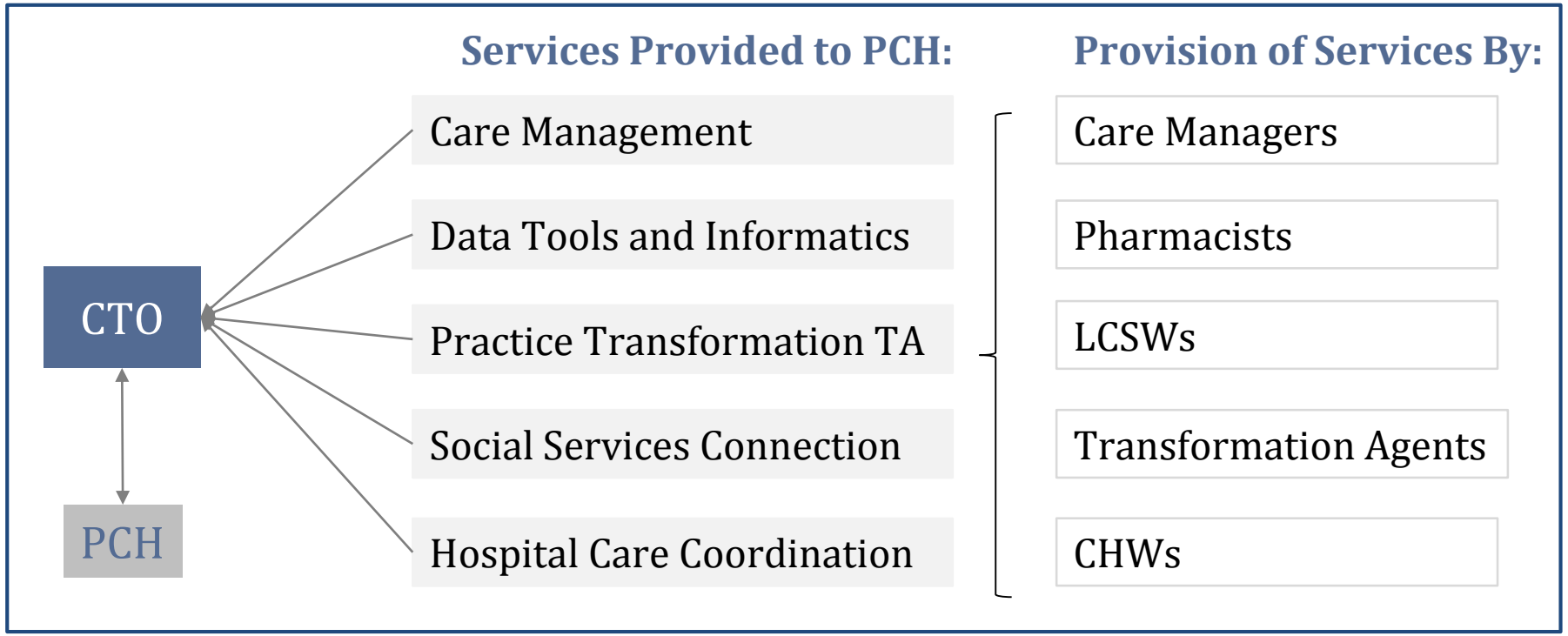
The "Who"
Coordinating Entity

Coordinating Entity Organization Design

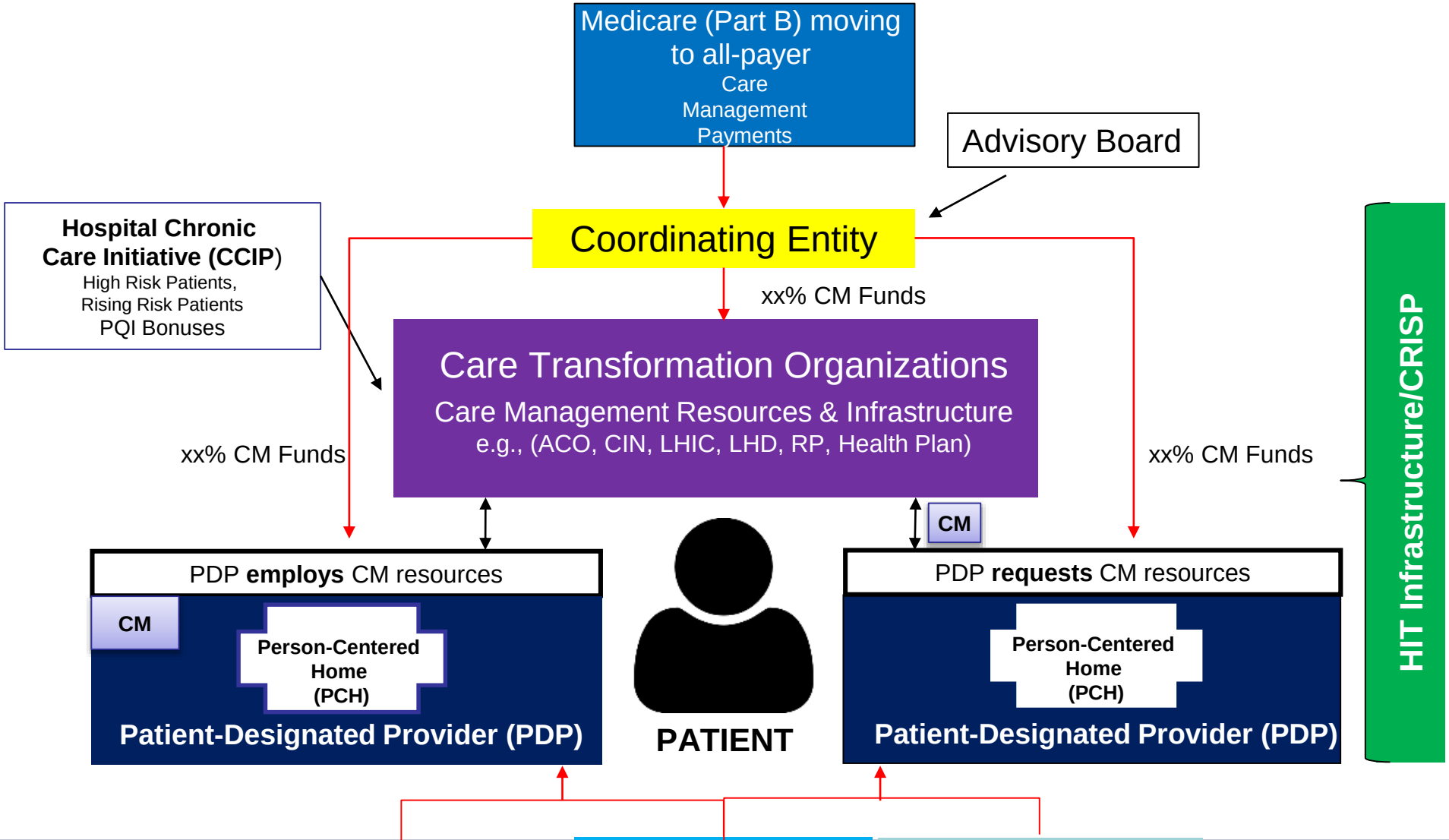


The "Who"
Care Transformation Organizations

Care Transformation Organization Design

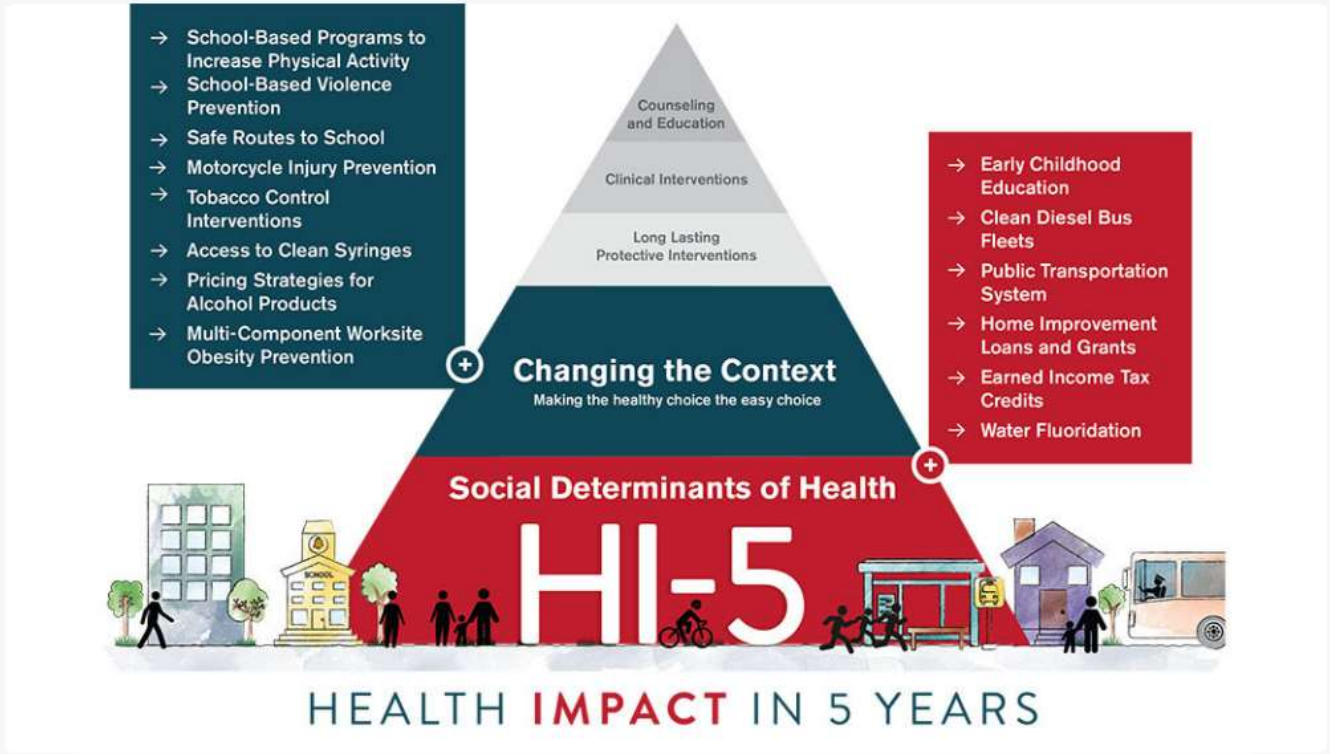


A Complex View of the Model



The Importance of Population Health to the All-Payer Model

Figure 4 | Health Impact in 5 Years



Source: U.S. Centers for Disease Control and Prevention, Health Impact in Five Years. http://www.cdc.gov/hi5

Relationship to All-Payer Model and Progression Plan

- The Primary Care Model will help sustain the early gains of the All-Payer Model as targets becoming increasingly reliant on factors beyond the hospital
  - Aligns incentives; important to design in a way that ensures hospitals are not responsible for risks they cannot control
- Complements the Care Redesign Amendment
  - Community-level alignment to CCIP
- Reduces avoidable hospitalizations and ED usage through advanced primary care access and prevention
  - Components include care managers, 24/7 access to advice, medication mgt., open-access scheduling, behavioral health integration, and social services
- Enhanced version of CPC+ will complement and support hospital global budgets

Relationship to MHCC activities

- Primary care transformation is related to the development of a strong, long-term plan for improving the health of the Maryland population
- DHMH and MHCC will further collaborate on Coordinating Entity
- As the All-Payer Model further develops, health care will continue to shift from inpatient to the community
  - This will involve shifts across facilities and work force issues
- Addressing social determinants will also be important
- Incentives need to be aligned across the system, including hospitals, primary/specialty care, post-acute, and LTC

Key Next Steps

- Obtain Approval for Model from CMS – Spring/Summer 2017
- Coordinating Entity Legislation – Spring 2017
- Write legal agreements and applications for CTOs and practices – Spring/Summer 2017
- Stand up Coordinating Entity – Summer/Fall 2017
- Select CTOs and Practices – Summer/Fall 2017
- Kick of Program – January 2018

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MARYLAND HEALTH CARE COMMISSION

ACTION:

Certificate of Need

Recommended Decision – Recovery Centers of America – Waldorf

(Docket No. 15-08-2362)

(Agenda Item #4)

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MARYLAND HEALTH CARE COMMISSION

ACTION:

Certificate of Need

Recommended Decision – Recovery Centers of America – Upper Marlboro

(Docket No. 15-16-2364)

(Agenda Item #5)

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MARYLAND HEALTH CARE COMMISSION

ACTION:

COMAR 10.24.15: State Health Plan for Facilities and Services: Organ Transplant Services – Final Regulations

(Agenda Item #6)

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MARYLAND HEALTH CARE COMMISSION

ACTION:

COMAR 10.24.19: State Health Plan for Facilities and Services: Freestanding Medical Facilities – Proposed Regulations

(Agenda Item #7)

MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

ACTION:

COMAR 10.25.18 – Health Information Exchanges: Privacy and Security of Protection Health Information – Proposed Regulations

(Agenda Item #8)

Health Information Exchange Privacy and Security

Amendments

COMAR 10.25.18

January 26, 2017

The MARYLAND
HEALTH CARE COMMISSION

Summary

- Legislative Authority - A 2011 law requires MHCC to adopt regulations for the privacy and security of protected health information exchanged through a health information exchange (HIE)
- Staff seeks Commissioner approval to release consumer access amendments to COMAR 10.25.18 *Health Information Exchanges: Privacy and Security of Protected Health Information* as proposed permanent regulations
- Overview:
  - Applies to HIEs that choose to provide consumers with electronic access to their information
  - Ensures that HIEs that offer access do so in a way that safeguards the patient's health information and is valuable to the consumer
  - Addresses electronic consumer assess, including: view, download, transfer, control, and submit
  - Requires HIEs to provide consumers with access to an electronic disclosure report

Background

- The need for HIE Regulations - National concerns exist about the sufficiency of HIPAA/HITECH as the floor for privacy and security

- Regulations went into effect on March 17, 2014 and were amended on June 20, 2016

- HIEs currently operating in Maryland:

  - Calvert Memorial Hospital
  - Chesapeake Regional Information System for our Patients (CRISP)
  - Children's IQ Network
  - Frederick Memorial Hospital
  - Peninsula Regional Medical Center
  - Prince George's County Public Health Information Network
  - Western Maryland Health Systems

Developing the Amendments

- Staff worked with the HIE Policy Board, a staff advisory group, to develop consumer access policies
  - In general, consumers want access to their electronic health information
  - Consumer engagement increases awareness and often results in more active health care management for the individual and their family
  - Informal comments were sought in December (stakeholders were notified on November 23rd); comments were considered in finalizing the proposed amendments
- Approximately 13 organizations provided comments to the proposed amendments, suggested enhancements include:
  - Changes to certain provisions to provide more context or clarification
  - Alignment of certain provisions with federal laws and State laws
- Three letters of support were received

Proposed Amendments

Access

- HIEs must appropriately verify the identity of the health care consumer requesting electronic access

- HIEs must allow the consumer to authorize another person to have access to their health information, such as a family member or caregiver

- An HIE may charge a reasonable published fee for providing electronic access

View Access

- Patient's information available for view, must be equivalent to what is made available to health care providers using the HIE
  - Certain attributes about their health information must be made available, such as date of treatment and source of the information
- An HIE must provide information to consumers that will assist them if they have any questions about their electronic health information
- Patient's electronic information must be presented in a way that is easy to navigate and can be easily printed

Download, Transfer, or Control Access

- HIEs that offer consumers the ability to control how their information is released must implement technology processes that meet generally accepted industry processes and practices

- HIEs that offer consumers the ability to download or transmit their health information shall provide the patient's information in a readily available industry standard format, standards that are typically used in other online applications

The Ability to Submit

- An HIE that offers health care consumers the ability to submit information to the HIE, shall:
  - Identify the source of the information, such as, patient, payor, health care provider, etc., when presented to the provider using the HIE
  - Not use patient submitted health information to override or replace health information submitted from other sources, such as providers or payors

Consumer Education

- An HIE must provide information to consumers regarding electronic access, including:
  - What information the consumer must provide as part of patient identity proofing
  - The right to authorize a person in interest to also have access to their electronic health information
  - The right to request review of a denial of access
  - What level of consumer control they may have over their health information
  - Advice concerning safeguarding their health information obtained from the HIE

Disclosure Report

- Within six months of the regulation effective date, an HIE must establish and maintain an online process that allows consumers to obtain an electronic report detailing any disclosures of their information through the HIE

- An HIE must comply with certain security provisions such as, identity proofing, authentication, audits, etc.

Exemption

- An HIE may request a one-year exemption from certain requirements in the regulation, when certain conditions are met
- An HIE may not be exempted from any provisions of the regulation that is in current federal law or other State law
- An exemption request must specify the reason for the exemption and the time period requested for the exemption if applicable
- The MHCC may choose to issue the exemption, request additional information, or deny the request

Next Steps

- The following timeline details next steps if proposed amendments are approved by the Commission:
  - March 31, 2017 – Publication date
  - May 1, 2017 – Public comment period ends
  - May 18, 2017 – Staff presentation to the Commission for final action
  - June 19, 2017 – Effective final date of amendments

Thank You!

The MARYLAND
HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

PRESENTATION:

Round 5 Telehealth Award

(Agenda Item #9)

Telehealth Grant

Round 5: Improving Health in Rural Communities

January 26, 2017

The MARYLAND
HEALTH CARE COMMISSION

Presentation Summary

- In August, MHCC received five letters of intent in response to the Announcement for Grant applications; three organizations were invited to submit applications
- A review team, including external evaluators, identified two applications for consideration; interviews and site visits occurred in November/December
- University of Maryland Shore Regional Health (UMSRH) was selected for funding
  - Increase access to palliative care services using telehealth by expanding the clinical care and service area of the Shore Regional Palliative Care Program
  - Expand behavioral health services in the mid-shore service area by implementing telehealth for emergency department psychiatric services and inpatient psychiatric consultations

Overview of Awarded Telehealth Grants

- Round One – coordinate care delivery between a comprehensive care facility and a general acute care hospital using video consultation (completed October 2015)
- Round Two – demonstrate the impact of remote patient monitoring on hospital re-admission in various settings (June 2015 – Nov. 2016)
- Round Three – demonstrate the impact of using telehealth to improve the overall health of the population being served and the patient experience (Dec. 2015 – May 2017)
- Round Four – test the impact of using telehealth to support value-based care delivery in primary care, expanding patient access to health services tailored to the needs of different communities and patient populations (June 2016 – Nov. 2017)

See Appendix for details regarding grantees

The Value of Telehealth Grants

- Diverse telehealth use cases provide an opportunity to test the effectiveness of telehealth with various technology, patients, providers, clinical protocols, and settings
- Lessons learned from these projects are shared with stakeholders locally and nationally and help to inform:
  - Better practices and industry implementation efforts
  - Potential policies to support the advancement of telehealth
  - Existing and future telehealth use cases
  - The design of larger telehealth programs and projects across the State

Telehealth Grants – Round Five

- Goal: Demonstrate the impact of using telehealth to increase access to health care and improve population health in rural communities of the eastern shore
- Use an electronic health record and services of the Chesapeake Regional Information System for our Patients (CRISP)
- Identify clinical protocols to assess the impact of telehealth on care delivery
- Provide a 2:1 financial match contribution to grant funds
- Projects will be implemented over an 18-month period

University of Maryland Shore Regional Health

- Telehealth Palliative Care
  - Project: Implement telehealth to provide palliative care services to patients within University of Maryland Shore Medical Center at Chestertown (UMSMC-C) and Shore Nursing and Rehabilitation Center at Chestertown
  - Goals: Increase access to palliative care services while decreasing preventable hospital encounters
- Telepsychiatry
  - Project: Via telehealth, provide ED psychiatric services at UMSMC-C and Shore Regional Emergency Center at Queen Anne's and inpatient psychiatric consultations at UMSMC-C
  - Goals: Increase access to psychiatric services and decrease ED wait times or transfers for psychiatric assessment
- Funding: $75,149 in grant funds and $150,303 in matching funds

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SHORE REGIONAL HEALTH

Expanding Access to Care:

Using Telehealth Technology to Improve and Expand Access to Care

Who are we?

UMMS/Shore Regional Health Palliative Care Team

UMMS/Shore Regional Health Psychiatry

UMMS Telemedicine Program

UMMS Department of Epidemiology

Patients and families of Kent, Queen Anne's, Talbot, Caroline and Dorchester Counties

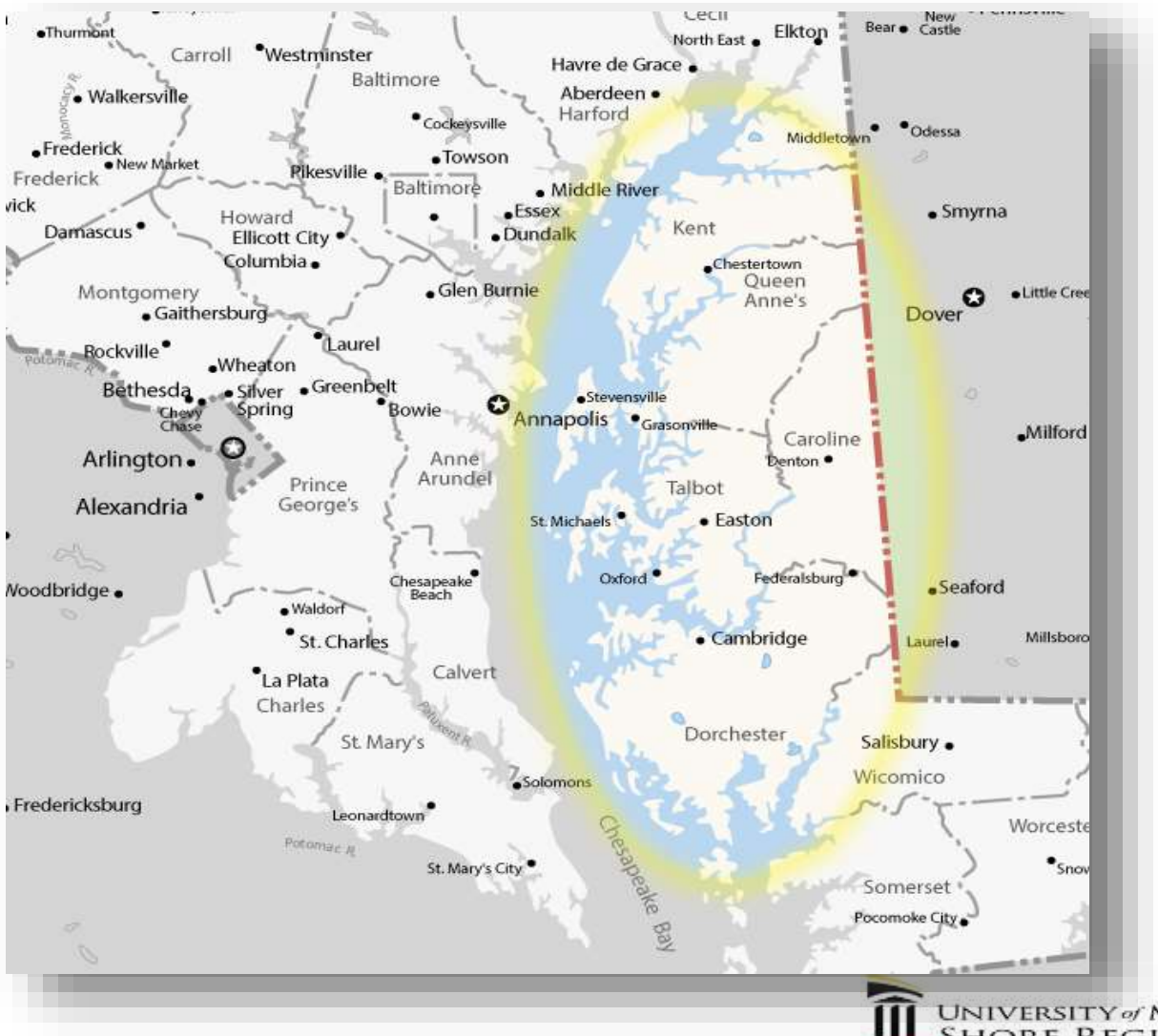
UNIVERSITY of MARYLAND SHORE REGIONAL HEALTH

Lots of Distance to Cover

- **2,800 Square Miles**
- **5 Counties**
- **~ 150,000 Marylanders**

- **70 minutes to drive from Chestertown to Cambridge**

- **60 linear miles, highly variable traffic patterns**



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What are we doing?
Tele Health - Palliative Care

Destination

Talbot County Hospital

Palliative Medicine Practitioner

Large service area
Low population
Limited specialists
Retirees/seniors

Origination

Kent County Hospital
Nursing Home

Patient
Family
Palliative nurse
Staff nurse
Staff social worker

University of Maryland Shore Regional Health

What are we doing?
Tele Health – Psychiatric Care

Destination

Talbot or Dorchester County Hospital

Psychiatric Provider

Large service area
Low population
Limited specialists
High prevalence of behavioral health issues

Origination

Kent and Queen Anne's County Emergency Centers

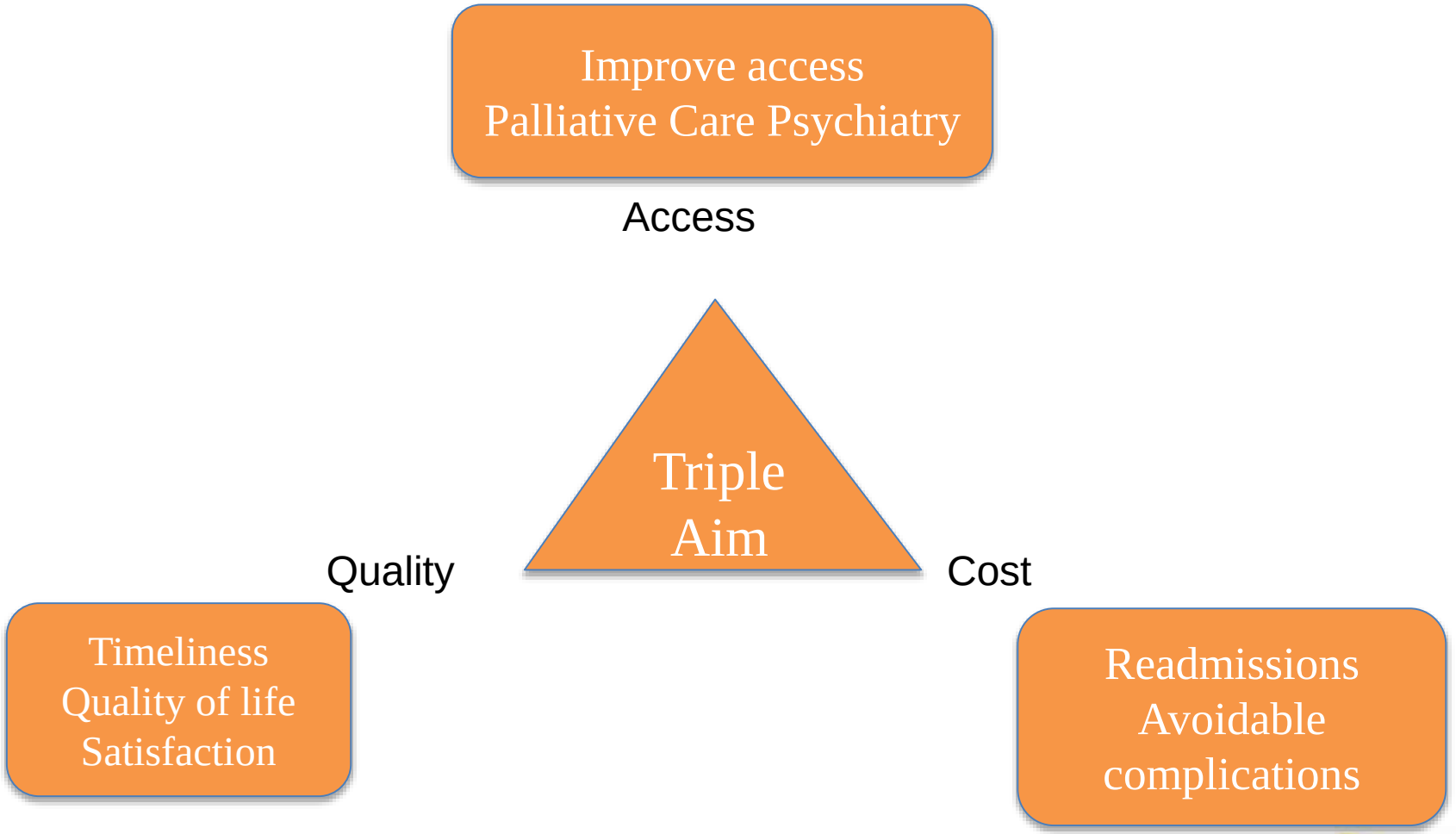
Patient /Family
Physician
Staff nurse

University of Maryland Shore Regional Health

What are the goals?
Tele Health Pilot - Benefits

- *Leverage Current Shore Regional Resources in Cambridge and Easton to provide a larger volume of cost effective services to UMSMC-Chestertown; UM Shore Nursing and Rehabilitation (SNF) and to Queen Anne's Emergency Center*
- *Improved Access to both Emergent Psychiatric Care and Palliative Care Services*
- *Improve Quality and Patient Satisfaction*
- *Reduce/Eliminate Travel Time Between Facilities*
- *Avoid Costs Associated with Recruitment of Additional Staff*
- *Avoid Unnecessary Transfers of Patients Between Facilities*

Healthcare Delivery via Tele Health



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SHORE REGIONAL HEALTH

What we are measuring?

- Palliative Care
  - Reduction in ED utilization
  - Reduction in admissions from SNF
  - Changes in completed advanced directives
  - Change in completed, valid MOLST forms
  - Patient Satisfaction
- Psychiatric Services
  - Avg. wait time for psychiatric consultation in ED
  - Reduction in readmissions
  - ED staff and physician perceptions of psychiatric care
  - Patient satisfaction

Other Goals

- *Build workflows and policies around telemedicine use*
- *Find barriers to patient and staff acceptability of telemedicine platform*
- *Determine the appropriate use cases*
- *Learn to identify and troubleshoot technical hurdles*
- *If possible, estimate the impact on necessary provider and staff recruitment for future planning*
- *Determine what attributes are easily replicated to other rural areas and other services lines*

Expanding Access to Care

Thank you!

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SHORE REGIONAL HEALTH

Next Steps

- February 2017: Launch telehealth projects
- May 2017: Go-live with the telehealth technology
- October 2017: Report on implementation progress
- July 2018: Report on progress and preliminary outcomes
- October 2018: Release findings from the assessment

Thank You!

The MARYLAND
HEALTH CARE COMMISSION

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. APPROVAL OF MINUTES
2. UPDATE OF ACTIVITIES
3. **PRESENTATION:** Overview of Maryland's Comprehensive Primary Care Redesign Proposal
4. **ACTION:** Certificate of Need – Recommended Decision – Recovery Centers of America - Waldorf (Docket No. 15-08-2362)
5. **ACTION:** Certificate of Need –Recommended Decision – Recovery Centers of America – Upper Marlboro (Docket No. 15-16-2364)
6. **ACTION:** COMAR 10.24.15: State Health Plan for Facilities and Services: Organ Transplant Services – Final Regulations
7. **ACTION:** COMAR 10.24.19: State Health Plan for Facilities and Services: Freestanding Medical Facilities – Proposed Regulations
8. **ACTION**: COMAR 10.25.18 – Health Information Exchanges: Privacy and Security of Protection Health Information – Proposed Regulations
9. **PRESENTATION:** Round 5 Telehealth Award
10. **Overview of Upcoming Initiatives**
11. ADJOURNMENT

MARYLAND HEALTH CARE COMMISSION

Overview of Upcoming Initiatives

(Agenda Item #10)


ENJOY THE REST OF
YOUR DAY