

Collaborate Social Determinants
 Providers
 Total Cost of Care
Health Value-Based
 Access Advocate
 Convene Evaluate
 Inform Providers
 Cost Data
 Measure
 CON Disparities
Trust Telehealth
 Planning Policy
 Measure
 Inform
 Analyze
 Enable
 Empower Consumers
 Affordability
Care Empower Consumers
 Inform
 Analyze
 Enable
 Empower Consumers
 Telehealth
 Planning Policy
 Measure
 Inform
 Educate
 Innovate
 Empower Consumers
 Quality
 Outreach
 Accessibility
 Maryland
 Aggregate
 Wear the Cost
 Technology
 Modernize
 Engage
 Transparency
 Strategic
 Lead
 Payers
 Regulate
 Align
 Holistic
 Community
 Awareness
 Equality
 Engagement
 Prevention
 Treatment
 Engage
 Prevention
 Regulate
 Align
 Holistic
 Community
 Awareness

The Maryland Health
 Care Commission
 2019-2022
 Strategic Report



Executive Summary

The intent of this report is to describe the Maryland Health Care Commission's (MHCC or Commission) strategic plans for 2019-2022. The Commissioners and MHCC staff developed these priorities and objectives during the November 2018 MHCC Strategic Retreat. This plan builds on the MHCC's past success and aligns with the Commission's mission, capabilities, and regulatory authority.

Maryland's health care system is in a state of transition with the Total Cost of Care (TCOC) Model launching in January 2019. The expansion of value-based payment models will require significant changes in care delivery and modernization of the State Health Plan to align with the Maryland All-Payer Model. The State's health care priorities for the next four years include reducing the impact of the opioid epidemic, supporting the TCOC Model, and resolving rural and minority health disparities.

The MHCC has a track record of driving health advancement throughout Maryland. The Commission's data resource and management capabilities make them a key partner for continued system improvement. The Commission has identified five priority areas to help the State of Maryland reach its health care goals. These priorities and the corresponding objectives include:

Educate, inform, and engage the health care community

- Educate, inform, and engage the health care community on MHCC activities to elevate the success of the Commission's work in all priority areas.

Make MHCC the trusted source of quality and cost information

- Increase use of MHCC quality and cost data by all members of the State health care system, including Maryland residents, to increase price transparency and reduce use of low-value care.

Modernize health planning and the Certificate of Need program

- Modernize the Certificate of Need Program to minimize administrative burden and support the State's goals under the All-Payer Model.

Enable providers to participate in value-based payment models

- Collaborate with stakeholders to engage specialty groups and facilitate wider adoption of alternative payment models.

Elevate telehealth

- Expand the use of telehealth services in a variety of health care settings by educating providers and patients and evaluating grant programs.

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*This report was created in collaboration
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Introduction

The MHCC Strategic Plan

The following report documents MHCC's strategic plan for 2019-2022. The MHCC, in partnership with Discern Health, developed the plan following the 2018 MHCC Strategic Retreat held on November 16th, 2018. During the retreat, Commissioners and MHCC staff reviewed past activities, brainstormed potential opportunities, and set priorities for the upcoming years. The plan also includes input from an online survey and phone interviews completed before the strategic retreat.

The Commission has identified five strategic priorities to advance Maryland's health care goals. Strategies within each priority area fall within MHCC's current capabilities and resources. During the planning process, the Commission considered the work of other State agencies to avoid strategies that duplicate current efforts. This report contains an overview of Maryland's health care environment, a discussion on MHCC's plans to address social determinants of health (SDOH) and health disparities, followed by a description of the Commission's strategic priorities.

Maryland's Health Care Environment

Maryland's health care system continues to evolve at a rapid pace. January 2019 marks

the launch of the Total Cost of Care (TCOC) Model, further advancing the State's transition to a value-based system through expansion of the Maryland All-Payer Model.¹ The TCOC Model, combined with world-class providers and public health organizations, positions Maryland as a national health care innovator and leader.

Despite Maryland's leadership status in delivery system reform, opportunities for improvement in health status and patient safety remain. Since 2013, Maryland's health care rankings have fallen in four key areas according to the Commonwealth Fund State Score Card (Figure 1).² Factors contributing to the lower scores include worsening obesity and vaccination rates, central line infections, and the opioid epidemic. Many of these factors contribute to health disparities, disproportionately burdening African-American and rural Maryland residents. The United Health Foundation ranks Maryland 19th in the nation listing violent crime, drug deaths, and infant mortality as significant challenges for the state.³

Improvements have also been made since 2013. Hospital readmission rates for the Medicare population have decreased, leading to significant cost savings.⁴ Also, the

¹ <https://innovation.cms.gov/initiatives/md-tccm/>

² <http://datacenter.commonwealthfund.org/scorecard/state/22/maryland/>

³ <https://www.americashealthrankings.org/explore/annual/measure/Overall/state/MD>

⁴ <http://www.hsrc.state.md.us/Documents/Quality/Documents/RRIP/RYP2017/RYP17%20Quality%20Progr>

uninsured rate fell 39 percent from 2013 to 2017 after the expansion of Medicaid and private insurance coverage, improving Maryland’s health care access and affordability ranking.⁵ Recent efforts by the General Assembly and Governor Hogan have sustained earlier growth in insurance coverage. The Commission recognizes Maryland’s health care priorities for the next four years include reducing the impact of the opioid epidemic, supporting the TCOC Model, and resolving rural and minority health disparities.

Figure 1. Changes in Maryland's Health Care Rankings Commonwealth Fund State Scorecard

Category	2018 Rank	Change*
Overall	20	-3
Access & Affordability	10	-1
Prevention & Treatment	13	-7
Avoidable Use & Cost	26	+4
Healthy Lives	27	-4
Disparity	31	-10

*Change represents Maryland’s change in state ranking from the baseline data year (generally 2012 or 2013). Positive values are an improvement in ranking; negative values are a worsening.

Maryland’s challenges and goals mirror those of many other states. Most states struggle with the same population health issues Maryland faces. Many aspire to expand use of value-based payment models, but Maryland is one of a few states where political consensus has produced

concerted support for value-based approaches.

The State of Maryland continues to be a leader in value-based payment innovation. Maryland’s TCOC Model, an Alternative Payment Model (APM) overseen by the federal government, aims to reduce overall health care costs, improve care for residents, and provide opportunities for providers. Over the next few years, the TCOC Model will bring new opportunities for Maryland’s health care providers. Specialty groups and primary care providers can now participate in APMs through the Care Redesign Programs and Maryland Primary Care Program (MDPCP). Care coordination and alignment between hospitals and other settings of care will continue to improve patient-centered care and address population health issues.⁶ The Commission plans to support providers through these changes and support the state’s health care goals.

The MHCC’s Capabilities

The MHCC is an independent state regulatory agency comprised of four centers. The MHCC includes fifteen Commissioners appointed by the Governor to four-year terms, supported by approximately 50 staff. Illustrated below are brief summaries of the Commission’s roles in supporting the programs put

[am%20and%20PAU%20shared%20savings%20Memo%20Rev.%2006-22-2016.pdf](#)

⁵ <https://www.healthinsurance.org/maryland-medicaid/>

⁶ <http://www.hsrc.state.md.us/Pages/tcocmodel.aspx>

forward by Governor Hogan’s administration.

Convene: The Commission is qualified to engage and collaborate with all members of the health care community. Each year, MHCC convenes workgroups to study issues and make recommendations at the request of the legislature. Currently, MHCC is playing a leadership role in convening workgroups on expanding [school-based telehealth](#), [integrating clinical and health payment records](#), and [reducing African American and rural rates of infant mortality](#).

Measure and aggregate quality data: The Commission collects and analyzes health care cost and quality data for use by consumers, policy makers, health care providers, and other entities. The MHCC provides consumer-facing quality report cards and maintains a [website](#) listing hospital charges and length of stay for a wide variety of medical episodes. In 2017, MHCC launched [WearTheCost](#), an initiative to improve awareness of price variation for Maryland consumers. Data for many of the initiatives comes from the [Maryland Medical Care Data Base](#), which contains claims data from plans in the private insurance market in Maryland.

Assess policy: The Commission can provide objective policy insight based on data it collects and knowledge from its

collaboration with multi-disciplinary stakeholders. The MHCC publishes several reports annually for the legislature and other policy-focused audiences, including reports on health care cost and utilization, proposed insurance mandates, recommendations from MHCC workgroups, and other topics.

Plan for health facility development: The Commission is charged with planning for health facility development via the [Certificate of Need](#) (CON) program. This function includes overseeing the supply and distribution of regulated health care facilities and services through the review and approval of health facility capital projects.

The MHCC’s Role

The MHCC is legislatively mandated to perform the tasks listed below:

- Report quality and cost information
- Plan and maintain the availability and financial viability of health care facilities and services
- Reduce costs via wider adoption of information technology
- Promote delivery system reform
- Develop an all-payer database to monitor cost, quality, and population health
- Monitor health care expenditures
- Protect safety net providers
- Monitor disparities

Other MHCC Resource Demands:

- Act as a health policy arm of the General Assembly
- Monitor the health care work force
- Serve as a technical resource to HSCRC for the All-Payer Model and TCOC Demonstration

MHCC VISION & MISSION

Our vision is a state in which informed consumers hold the health care system accountable and have access to affordable and appropriate health care services through programs that serve as national models.

The mission of the Maryland Health Care Commission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment by providing timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers and the public.

Everyone's Challenge: Addressing Social Determinants of Health and Health Disparities

The Commission maintains that addressing SDOH and health disparities is critical in order to achieve Maryland's health care goals. While other state agencies lead policy development and research in this area, MHCC will focus on SDOH and disparities as cross-cutting issues that impact all areas of the Commission's work and need sustained focus to ensure improvement.

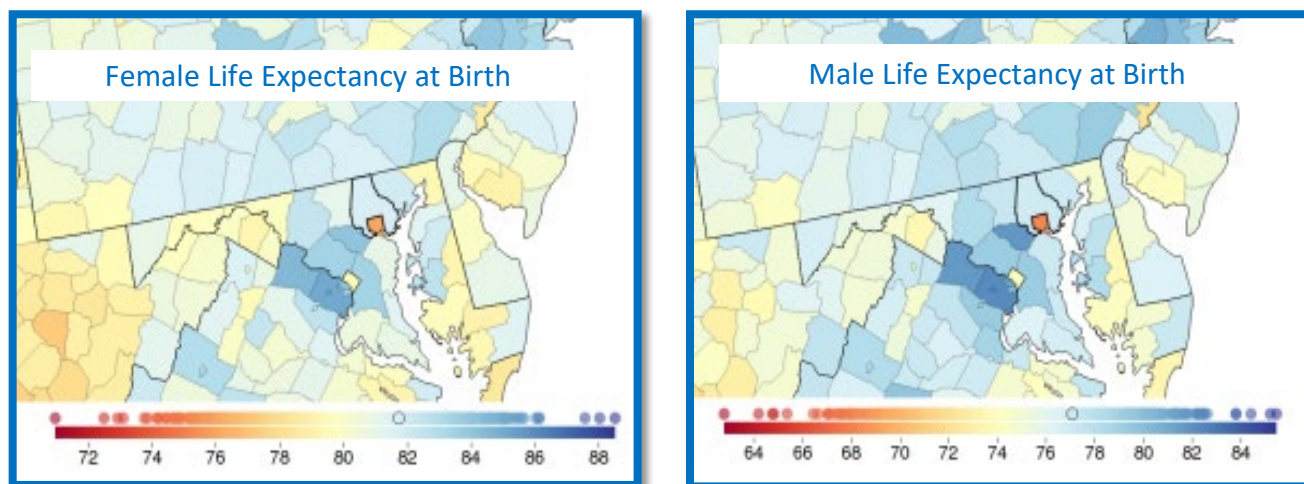
SDOH include housing, employment status, income, education, and food security. By some estimates, 40 to 50 percent of health care costs are determined by SDOH and geographic location.⁷ Thus, addressing the impact of SDOH will be a key factor in improving the health of Maryland's

residents and achieving Maryland's TCOC goals.

Reducing health disparities, the differences in disease burden and health status between populations, is equally important to achieving Maryland's health system goals. Disparities can be identified based on race, ethnicity, gender, urban/rural geography, income, and other factors.

Approximately 50 percent of Maryland's population is non-white or Hispanic and could be impacted by sizable and persistent racial and ethnic disparities.⁸ The infant mortality rate for African American infants in Maryland is more than two times the rate for white infants.⁹ Racial disparities exist for

Figure 2. Maryland Life Expectancy at Birth by County, 2014



⁷ <https://www.aha.org/addressing-social-determinants-health-presentation>

⁸ <https://www.kff.org/other/state-indicator/distribution-by-raceethnicity/>

⁹ <https://www.kff.org/other/state-indicator/infant-mortality-rate-by-race-ethnicity/>

several other health measures, including life expectancy and self-reported health status (Figure 2).^{10,11} Income-based disparities are another significant challenge, the Commonwealth Fund ranked Maryland 31st among states, well below the national average.¹²

Addressing SDOH requires a broader approach than the health care community alone can offer. Private investment and public policies to promote economic growth and job creation directly contribute to improved social conditions, as well as programs to improve educational opportunities, reduce violence, and ensure access to proper nutrition. Similarly, a multi-organization approach is necessary to comprehensively monitor, analyze, and improve the current racial and geographic disparities impacting health in Maryland. Reducing health disparities requires an open dialogue on race and active engagement with residents to build trust and provide solutions that fit individual community needs.

There are many Maryland organizations with unique expertise and capabilities that actively address social issues related to SDOH and health disparities. Units within the Maryland Department of Health (MDH),

such as the Office of Minority Health and Health Disparities, use their public health expertise to raise awareness of SDOH and eliminate health disparities by mobilizing MDH resources. Educational, non-profit, and private sector partners also play key roles in facilitating change. Moving forward, the Commission intends to utilize its strengths as a convener and data aggregator to impact SDOH and health disparities using the following strategies:

Consider the impact: The Commission plans to consider the impact each MHCC strategic plan and activity could have on SDOH and health disparities, which may include augmenting current initiatives and pursuing new opportunities.

Continue the conversation: SDOH and health disparities affect all aspects of the health care system. The Commission will use its role as a convener and enabler to ensure SDOH and health disparities are always part of the discussion.

Offer support: The MHCC's collection of quality and cost data, in addition to their policy expertise, can help other agencies and organizations fulfill their population health objectives.

¹⁰ <https://www.kff.org/state-category/minority-health/>

¹¹ <http://datacenter.commonwealthfund.org/scorecard/state/22/maryland/>

¹² http://www.healthdata.org/sites/default/files/files/county_profiles/US/2015/County_Report_Baltimore_County_Maryland.pdf

The MHCC's Priorities

- ▶ Educate, inform, and engage the health care community
- ▶ Make MHCC the trusted source of quality and cost information
- ▶ Modernize health planning and the Certificate of Need program
- ▶ Enable providers to participate in value-based payment models
- ▶ Elevate telehealth



Educate, Inform, and Engage the Health Care Community

Importance

Engaging stakeholders within the health care community is critical for the success of each of MHCC's priorities. While many members of the community regularly access information from MHCC's database and reports, more can be done to improve awareness of MHCC's data, analysis, and policies. The Commission has identified the lack of external awareness of MHCC's roles and resources as a factor limiting the effectiveness,

impact, and influence of the Commission. As the Commission advances its strategic plan, the

Commission will enhance its focus on effective communications and marketing to ensure that its work has impact.

The Commission plans to increase outreach to the media, businesses, lobbyists, legislators, academics, providers, payers, and most importantly, consumers.

- ▶ Convening and consulting with other health care leaders will encourage collaboration and prevent duplication of efforts across the health system.

Objective

Educate, inform, and engage the health care community on MHCC activities to elevate the success of the Commissions work in all priority areas.

- ▶ Communicating with consumers, businesses, and providers will increase the utilization of key MHCC resources related to health care cost and quality. Community engagement will also help the Commission understand health care priorities of the Maryland's residents.
- ▶ The MHCC is constantly working to develop strong relationships with the press and recognize the hard work and talent of the reporters who reliably and accurately cover the Commission's

regulatory processes, and data analysis products. This continued effort will ensure MHCC news and messaging is consistently

shared through key media outlets.

- ▶ Informing legislators about MHCC's priorities and activities will continue the cooperative relationship between MHCC and the General Assembly.

Strategies

Develop a strategic communications plan:

MHCC will develop and implement a strategic communications plan to support the strategic priorities identified in this report. This will bring cohesiveness to the

organization's communications efforts, which have largely been project-focused.

Redesign the MHCC website and improve social media outreach: The MHCC will redesign its core website to increase ease of use for all stakeholders and to encourage consumers to use available resources. In addition, the Commission will continue to improve its social media efforts to reach consumers better.

Educate legislature on MHCC goals and purpose: The MHCC will continue to build relationships with members of the General Assembly and educate legislators about MHCC's purpose and work, including the strategic goals contained in this report.

Learn from Maryland residents: For MHCC to best serve the Maryland community, the Commission must understand the priorities of Maryland residents. The Commission will create opportunities to listen to residents across Maryland to learn how different communities interact with the health care system.

Create MHCC issue briefs on timely health topics: The MHCC plans to publish issue briefs with targeted messaging on key topics related to MHCC's work and Maryland's health systems. The issue briefs will provide information and link readers to State resources. These briefs will be key resources for educating media contacts and

legislators, as well as conducting community outreach with consumers.

Improve communication to consumers: The Commission will improve the way it communicates with consumers. Maryland residents have diverse health care needs and want to know how to effectively use MHCC's resources on health care quality and health care cost.¹³ The Commission will continue to work to improve messaging about available MHCC resources to clarify how residents can use these resources in their everyday lives.

Develop other engagement tools and strategies: Over the next four years, the Commission will develop additional engagement tools to increase awareness of MHCC resources. Potential options include email updates, new partnerships, a statewide listening tour, holding Commission meetings outside of Baltimore, and in-person outreach at events.

Continued engagement with local media outlets: The MHCC will continue to develop relationships with local press to increase coverage of MHCC news and activities.

¹³ MHCC resources for consumers include a price transparency website, <https://www.wearthecost.org/>; consumer guides on long term care and other topics,

<https://mhcc.maryland.gov/mhcc/consumer.aspx>; and quality reports for hospitals, nursing homes, and health plans, <https://www.marylandqmdc.org/>

Make MHCC the Trusted Source for Quality and Cost Information

Importance

Public sharing of quality and cost data can empower Maryland residents and improve health care quality. Equipping consumers with health care data relevant to their care needs will build their confidence when making health care decisions. Quality and cost data will

inform residents on the clinicians or hospitals best suited to their needs and providing high-value care. When

consumers demand and utilize high-value care, they incentivize providers to improve care delivery and coordination and secure better medical outcomes. Providing private and public payers with quality and cost information has a similar effect. With this knowledge, payers can create payment policies to encourage consumers to receive care from high-value providers; once again incentivizing providers to improve care.

Sharing quality and cost data with providers directly also encourages quality improvement. Encouraging providers to review their performance helps them to understand how they compare to other

practices. With this information providers can confidently focus their quality improvement efforts and review their progress over time.

Policy makers also have an interest in how providers are performing. Quality data allows agencies to identify the current

health care issues affecting their constituents and adjust payment policy and regulations accordingly.

The MHCC currently collects, manages, and reports quality and cost data. Moving forward, the Commission plans to expand its data sharing and work to improve how this data is communicated to different audiences within the health care community.

Objective

Increase use of MHCC quality and cost data by all members of the state health care system, including Maryland residents, to increase price transparency and reduce use of low-value care.

Strategies

Expand “Wear The Cost”: The MHCC plans to increase consumer understanding of health care cost and cost variability by expanding the Wear The Cost initiative. The Wear The Cost initiative increases price transparency and encourages discussion of health care costs and MHCC resources. The Commission plans to add additional clinical

episodes to the initiative, with a focus on procedures of high importance to Maryland residents. In addition, the Commission plans to expand the current database to include provider and prescription drug payments using Medicare data.

Reducing waste and low-value care:

MHCC will publish opportunities for reducing unnecessary and low-value services by using Choosing Wisely's¹⁴ measures and guidelines on wasteful and low-value care. MHCC will engage providers and other key health care stakeholder groups in using MHCC data to understand and identify pathways for implementing appropriate Choosing Wisely guidelines. The goal is to generate information to start conversations between providers and patients about choosing care that is appropriate and necessary and that does not cause the patient harm.

Develop an Outpatient Surgery

Comparison tool: Outpatient surgery may represent a significant opportunity for MHCC to expand its use of quality and cost information to improve care. Outpatient surgeries are subject to significant variability in cost due to variations in how procedures are reimbursed in different health care settings. Information on quality outcomes that might justify cost differences is sparse. Disparate data systems across care settings make creating and validating cost and quality measures challenging. Outpatient surgery is usually planned well in advance of the service, allowing patients time to evaluate alternative surgeons and facilities. A value comparison tool would aid patients through this process, allowing them to make informed decisions based on price, the experience of physicians and facilities in performing the needed procedure, and the track record of the facility concerning serious complications or regulatory compliance issues.

¹⁴ Choosing Wisely is an initiative of the American Board of Internal Medicine Foundation that

promotes patient-physician conversations about unnecessary medical tests and procedures.

Modernize Health Planning and the Certificate of Need Program

Importance

The MHCC is legislatively mandated to plan for and maintain the availability and financial viability of health care facilities and services for the State of Maryland. The purpose of State health planning and the Certificate of Need (CON) program is to ensure new health care facilities and services are valuable to the state, in that they are:

- ▶ Needed;
- ▶ High-quality;
- ▶ Geographically and financially accessible; and
- ▶ Financially viable.

Maryland's health care payment and delivery system policies have changed since the inception of CON regulations. Commissioners agree the current health plan and CON program no longer meet the needs of Maryland's health care environment and goals. Currently, the CON application process is overly burdensome for applicants and the MHCC staff. In addition, several Commissioners worry the current regulations limit competition and may negatively impact access, cost, and innovation.

Objective

Modernize the Certificate of Need program to minimize administrative burden and support the State's goals under the All-Payer Model.

In 2017, the Senate Finance and House Government Operations Committees asked the Commissioners to evaluate the state's CON program. The purpose of the request

was twofold:

(1) to assure the CON program aligns with Maryland's goals under the All-Payer

Model, and (2) to reduce the administrative burden for applicants. In response, the MHCC invited a range of stakeholders, including Commissioners, representatives of the MDH, physicians, payers, employers, consumers, and members from regulated health care facilities to serve on the CON Modernization Task force. In 2018, the Task Force reviewed the current policies and drafted recommendations for the Commissioners. The goals identified by the task force include:

- ▶ Modify CON to complement the objectives of the TCOC Model.
- ▶ Provider opportunities for innovators committed to the delivery of affordable, safe, and high-quality care to enter the market.

- ▶ Reduce the burden of CON regulatory requirements.
- ▶ Maintain meaningful review criteria and standards consistent with the law and understandable to applicants, interested parties, and the public.

In December 2018, the Commission submitted a [report](#) containing recommendations on CON Modernization to the Maryland General Assembly. Over the next four years, the Commissioners will further discuss and begin implementing the recommended changes to the CON program.

Strategies

Review recommendations from the CON Modernization Task Force: The final CON Modernization Task Force recommendations were released in December 2018. Starting in January 2019 the Commission will meet to discuss the recommendations and plan a timeline for implementing short and long-term changes.

Implement short term State Health Plan and CON regulation reforms: After reviewing the task force recommendations, the Commission will begin modifying the State Health Plan under the scope of their current regulatory authority. This reform entails reducing unnecessary standards, clarifying requirements, and modifying standards that do not align with the All-Payer Model.

Seek statutory changes during the 2019/2020 legislative sessions: The MHCC

cannot modernize certain CON review criteria without changing basic program requirements contained in current statute. The Commission will work with state policy makers and stakeholders to provide greater flexibility for existing organizations to replace existing capacity, or to expand services consistent with the aims of the TCOC Model. The MHCC will seek legislation to allow existing providers to modernize current facilities without CON review. The MHCC will also seek changes in statute to allow established hospices and drug treatment facilities to add inpatient capacity, and for ambulatory surgery facilities to expand to two operating rooms without CON review.

Work with other agencies such as HSCRC to align with goals of All-Payer Model: The Commission is committed to altering the CON regulations to align with the All-Payer Model. Commissioners will collaborate with HSCRC to ensure changes to the CON process reflect Maryland’s cost containment goals. For example, the Commission could waive CON requirements for applications endorsed by HSCRC as fully aligning with the TCOC Model. For some services, MHCC will work with other MDH organizations and providers to eliminate CON requirements, while assuring the public that MHCC or another organization will retain a “gatekeeper” role aimed at preventing the development of low-performing facilities.

Enable Providers to Participate in Value-Based Payment Models

Importance

As initially designed and implemented, the Maryland All-Payer Model centered on hospital payment. As it evolves into the TCOC Model, primary care providers and other non-hospital providers will have more opportunities to be part of value-based payment

models, such as the Maryland Primary Care Program and the Care

Redesign

Program. Provider participation is voluntary and attracting more medical practitioners to participate in APMs will advance Maryland's goal of expanding the use of value-based care.

In addition to receiving restructured payments, transitioning to value-based payment models often requires providers to transform the way they deliver care. Care delivery transformation is challenging, and MHCC plans to provide support where needed.

As the TCOC Model begins, providers will need help understanding the APM landscape to identify which opportunities fit their needs. Collaboration between providers will help the health care

community identify common challenges and share best practices.

In addition to care transformation, quality measurement is another key component of value-based care programs. Quality measures are tools used to evaluate how

well providers deliver care to their patients. While some quality measures are used for quality improvement alone, others

are tied to provider payment rates. In either case, selecting the appropriate quality measures is an important step to building a successful value-based payment model.

The key objective of the TCOC Model is to reduce health care costs without negatively affecting quality. Reengineering the delivery of primary and specialty care is essential to supporting the TCOC Model goals and is a foundation for care redesign.

Strategies

Establish transformation initiatives to prepare practices for participation in value-based payment models: The MHCC plans to build a new initiative to guide providers through the care transformation process. This initiative includes educating

Objective

Collaborate with stakeholders to engage specialty groups and facilitate wider adoption of Alternative Payment Models.

providers about the value-based payment model landscape and offering opportunities for collaboration between providers.

Work in partnership with HSCRC to improve the Care Redesign Programs: Over time, the Care Redesign Programs will be modified based on feedback from providers. The MHCC's experience in developing alternative care delivery models can be leveraged to assist HSCRC with this process by providing quality performance data and encouraging providers to give feedback on challenges and best practices.

Collaborate with health care provider organizations to devise solutions for transformation challenges: The MHCC plans to collaborate and support initiatives of other organizations. For example, as a representative for Maryland providers, MedChi can help the Commission fully understand the challenges providers face. The Maryland Learning Collaborative strives to act as an implementation leader for advancing innovative, patient-centered primary care in Maryland. They and other provider organizations can serve as a partner to help MHCC develop education materials for primary care physicians entering new value-based care models.

Convene peer learning symposiums on Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) compliance: The Commissioners plan to hold peer learning symposiums to help providers and payers understand the complex APM policies.

Elevate Telehealth

Importance

Expansion of telehealth is an important strategy to reduce health care costs and improve access to care. Providing telehealth services is a way to meet patients where they are and remove barriers to care.

Telehealth can be implemented across health care settings and specialties.

Patients can use telehealth to communicate with providers

from their own homes. Telehealth is particularly helpful for patients in rural locations, with limited mobility, or with minimal access to transportation.

Schools are another opportunity to use telehealth to improve care. Providing health care in schools could improve access for children not receiving care in the traditional clinical setting. School-based telehealth can be used to improve health quality and academic performance and decrease absenteeism of the student population.¹⁵

Telehealth has also been shown to improve quality of care delivered in the skilled

nursing facilities that are increasingly used to reduce unnecessary hospitalization, but do not always have physicians onsite.¹⁶

The Commission also believes that telehealth provides an opportunity to reduce unnecessary emergency department

or urgent care use by making care more convenient for patients who work during traditional clinic hours.

Objective

Expand the use of telehealth services in a variety of health care settings by educating providers and patients and evaluating grant programs.

The technology required to integrate telehealth into an existing care setting is relatively inexpensive. However, effective integration requires modifying clinical work streams and educating providers.

Strategies

Use peer learning to build provider

awareness of telehealth: The MHCC has found peer learning effective at gaining physician support and easing the transition to telehealth.

Support the implementation of telehealth

in a wide variety of health settings: The MHCC will continue to offer telehealth

¹⁵ <https://mhealthintelligence.com/features/factors-behind-the-adoption-of-school-based-telehealth>

¹⁶ <https://www.ajmc.com/journals/issue/2018/2018-vol24-n8/impact-of-afterhours-telemedicine-on-hospitalizations-in-a-skilled-nursing-facility?p=1>

grants to test its effectiveness in various settings. The Commission guides grantees to implement their initiatives and assess the impact of the grant. The MHCC's history of health information technology innovation enables it to address telehealth technology and policy-related challenges.

Identify policies to increase the use of telehealth in value-based care models: As opportunities to participate in value-based care models expand, the Commission aims to explore opportunities for telehealth utilization. The MHCC plans to explore opportunities with public and private payers to increase adoption of telehealth payment policies within their plans.

Commissioners also want to encourage payers to increase efforts to inform their members on the benefit and availability of telehealth.

Educate providers, patients, and families on the effective use of telehealth: In addition to working alongside payers, the Commission plans to continue its education initiative to inform providers and patients about telehealth opportunities.

Our Strategic Intent

The Commission is committed to the objectives outlined in this report. Over the next four years the Commissioners will continue to support Maryland's efforts as a national leader in health care innovation. To do so the Commission will promote transparency of quality and cost data, empower consumers, and support care transformation. The Commission believes these strategies will increase affordability and access, improve quality, and ensure health care delivery functions as an integral and positive part of a growing economy.

As a convener and enabler, the Commission will ensure SDOH and health disparities are a part of all health care improvement discussions. As a collector of quality and cost data, MHCC will equip consumers, providers, payers, and policy makers with the information necessary to make informed decisions and improve care. With a shared commitment to the health care system and strong support for the State's leadership, Commissioners will help providers navigate the rapidly changing health care system and support Maryland's implementation of the TCOC Model.