



# Strengthening Post-Acute Care towards Meeting the Goals of AHEAD

Focus Group Meeting 3  
March 30, 2026



# AGENDA

- ▶ Roll call
- ▶ Brief overview of post-acute care topic
- ▶ HSCRC Gilchrist palliative care grant overview
- ▶ Topics for discussion
  - Dashboard/scorecard
  - Value-based purchasing
- ▶ Next steps

*Will identify/address missing issues, but focus is on generating recommendations.*



# Roll Call



# Brief overview of Post-Acute Care Topic



# Overview of Post-Acute Care Topic

- ▶ Post-acute care spending included in total cost of care under AHEAD Model and PAC has implications for other types of spending
- ▶ For instance, work plan noted challenges in efficiently discharging patients to clinically-appropriate post-acute care settings
  - This causes patients to remain in the hospital which increases total cost of care
  - Other issues such as hospital admissions/readmissions from post-acute care
- ▶ Work plan called for identifying opportunities for alignment across existing programs and policies such as value-based purchasing and hospital readmission payment policies



# Overview of Post-Acute Care Topic

- ▶ Report also required to provide recommendations related to post-acute care:
  - Quality
  - Access
  - Cost savings
  - Impact of mergers and acquisitions
- ▶ Collaborating with HSCRC given work of ED Wait Times Commission
  - Wait times affected by hospital bed availability, sometimes caused by discharge delays
- ▶ Draft report due June 2026, final report in Fall 2026
- ▶ Possible program implementation (depending on resulting recommendations) to be effectuated starting in Fall 2026 through CY 2027



# HSCRC Gilchrist Palliative Care Grant Overview



# Dashboards/Scorecards



# Dashboards/Scorecards - Summary of Concepts

- ▶ **Dashboards** are used to monitor the current status of a situation
  - Often display multiple metrics related to a specific operational need
  - For instance, a hospital wing dashboard might display real-time information on bed occupancy, staffing levels, admissions/discharges, etc.
  - The purpose is to assess, “What’s happening now?”
  - Often used by frontline managers or analysts to help “keep things on track”



# Dashboards/Scorecards - Summary of Concepts

- ▶ **Scorecards** are used to measure performance against goals and strategies
  - Measure performance indicators against desired performance targets reflective of an end-point goal of an organization with an emphasis on accountability
  - Often structured around some type of strategic framework
  - For instance, a hospital-wide scorecard might establish targets for quality and safety indicators, patient experience scores, readmission rates, etc. and then track progress towards achieving these targets to drive progress towards improving quality of care
    - May be part of a broader scorecard including other operational domains such as financial performance, staff training and other supports, etc.
  - Often used by senior executives and boards to assess whether overarching strategies are moving organizational objectives forward



# Dashboards/Scorecards - Discussion Questions

- ▶ Question Set 1
  - What role could dashboards/scorecards play in helping drive progress towards facilitating clinically appropriate hospital discharges to post-acute care or achieving other post-acute care policy objectives at a regional level?
  
- ▶ Question Set 2
  - What domains and types of measures should a dashboard/scorecard include to enhance transparency and drive improvement?
  
- ▶ Question Set 3
  - What data sources could be used to populate such a dashboard/scorecard and what types of entities might be well situated to support such a dashboard/scorecard?



# Value-Based Purchasing



# Value-Based Purchasing - Summary of Concept

- ▶ Value-based purchasing includes payment approaches that reward providers for the quality and efficiency of care they provide, rather than volume of service delivered
- ▶ This can take many forms:
  - Pay-for-performance/improvement → bonuses/penalties based on quality performance
    - Accountability at individual provider level
  - Bundled payments → pay for episodes of care rather than individual services
    - Payment fixed across multiple providers involved in an episode of care
  - Capitation/global budgets → similar concept to bundled payment, but bundling occurs at patient level or for a given population for all care that may be needed during the year
    - Payment fixed for receiving entity, which could be a health plan, health system, medical group, etc.



# Value-Based Purchasing - Summary of Concept

- Shared savings/losses → if spending is lower than a given target, provider groups provided with a portion of savings, if the opposite, they relinquish some of their earnings, quality metrics included as safeguards
  - Accountability at provider group level
- Total cost of care (AHEAD) → Similar to shared savings/losses at the regional level
  - May include multiple levels of accountability including individual providers, health systems, and government
  - May involve other VBP approaches at various levels to achieve overarching spending targets



## Value-Based Purchasing - Maryland Medicaid QIP

- ▶ The Maryland Medicaid program operates a quality incentive program for nursing homes (≥45 beds) that pays for performance and improvement
- ▶ Facilities cannot be classified by CMS as a "Special Focus Facility," be denied payment for new admissions by OHCQ, or be identified by OHCQ as delivering substandard quality of care during a one-year period ending March 31st.
- ▶ Payments are on top of base payments for service claims (budget neutral based on projected spending) and account for \$16.1 million (1% of the FY26 nursing facility budget) distributed to providers through the P4P and P4I payments.
- ▶ The program allocates 1% of the state's Medicaid nursing facility budget to reward high-performing facilities and those with significant quality improvements.
  - Top-scoring facilities receive 85% of the funds, while improved facilities receive 15%.



# Value-Based Purchasing - Maryland Medicaid QIP

- ▶ Quality measures include:
  - Staffing levels (average daily staffing hours per resident; 20% of score)
  - Staffing stability (% of staff employed for more than 2 years; 15% of score)
  - Family satisfaction (overall care rating, facility recommendations, other specific questions; 30% of score)
  - Resident outcomes (based on measures in minimum data set that assess quality of care; 30% of score)
  - Staff immunizations (% of staff immunized against influenza; 5% of score)



# Value-Based Purchasing - Discussion Questions

## ▶ Question Set 1

- Are the incentives of existing post-acute care quality programs likely to be sufficient to promote high quality care? If not, what more is needed?

## ▶ Question Set 2

- Are there examples of programs other states have used to incentivize post-acute care quality? Post-acute care is included in the total cost of care for AHEAD and there are other federal programs that might be applicable, e.g., the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program. If so, how are they structured and what is the level of incentives?



# Value-Based Purchasing - Discussion Questions

## ▶ Question Set 3

- Would a value-based purchasing approach, perhaps paired with a dashboard/scorecard, be applicable to help facilitate clinically-appropriate hospital discharges to post-acute care?

## ▶ Question Set 4

- How can value-based purchasing incentivize having the right patient in the right care at the right time? If so, what type of value-based purchasing approach would you recommend?



# Next Steps

- MHCC to synthesize meeting discussions and generate recommendations
- Will share these materials with focus group for feedback before incorporating into draft report



# Thank you!

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