2023 - 2026

STRATEGIC REPORT

Maryland Health Care Commission

BUILDING TODAY FOR TOMORROW

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MARYLAND
Health Care
Commission

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Executive Summary

Maryland is a national leader in health care with a robust community of providers, payers, and medical research institutions driving clinical innovations. It is also an innovator among states regarding the use of health care data. Maryland's Health Information Exchange, the Chesapeake Regional Information Systems for Our Patients (CRISP) is a national model that provides a statewide health information sharing platform to improve the quality of care.[1] Furthermore, the State is a leader in alternative payment models with hospital global budgeting and a total cost of care (TCOC) Model, a unique arrangement between the State and the Centers for Medicare & Medicaid Services (CMS). **Despite its strong health care assets, Maryland is marked by large racial and geographic disparities in health care access, quality, and outcomes, with a death rate among Black people that is 22 percent higher than the average for all races in the State[2].** This report outlines five strategic priorities to advance the Maryland Health Care Commission's (MHCC's or Commission's) goal of reducing health care disparities while improving health care access, quality, outcomes, and costs in Maryland.

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[1] Home - Improve Outcomes and Enhance the Patient Experience | CRISP | Improve Outcomes and Enhance the Patient Experience | CRISP (crisphealth.org)

[2] Custom State Reports | KFF

Introduction

The MHCC's goal in the next four years is to reduce health care disparities while improving health care access, quality, outcomes, and costs in Maryland. **The MHCC will achieve this aim by focusing on five strategic priorities:**

1. Increasing the intentionality of a health equity focus in MHCC programs and services.
2. Using its health care regulatory authority to enhance equity in health care delivery by improving access to services and the quality and outcomes of care.
3. Facilitating the adoption of new technologies and health care data innovations and assessing their impact on access and quality of health care.
4. Increasing the use of data among policymakers, payer, providers, purchasers, and patients to improve the quality, affordability and outcomes of health care delivered in the state.
5. Promoting new models of care to address barriers to reducing the TCOC in Maryland and seize on new authorities under *Health Insurance: Two-Sided Incentive Arrangements and Capitated Payments – Authorization.*

Maryland has long been a national leader in health care, with a robust community of providers, payers, and medical research institutions driving clinical innovations. Additionally, through its unique TCOC Model, Maryland serves as a leader for alternative payment models. However, many Marylanders still lack access to the care and services they need and experience disparities in health outcomes. The Commission supports a vision for the State where all Marylanders have equitable access to high-quality, affordable health care through programs that serve as models for the nation.

The MHCC, an independent regulatory agency, advances this vision for Marylanders by planning for the State's health system needs, promoting informed decision making among consumers, providers, payers, and purchasers, increasing health care organization accountability, and improving health care access in a rapidly changing health care environment. The MHCC fulfills this role by providing timely and accurate information to

policymakers, payers, purchasers, providers, and the public on the availability, cost, and quality of health care services.

This is the third strategic priorities report MHCC has produced. Unlike earlier efforts, which focused on strategic priorities, this report focuses on priorities and the strategies and milestones needed to address each of the priorities. Over the next four years, MHCC will annually assess its progress in implementing the strategies and achieving the milestones. The MHCC invites stakeholders to conduct parallel assessments.

The purpose of this four-year strategic framework is to set a clear direction for MHCC to use its authorities to improve health care access, quality, and equity while providing flexibility to take on the new work of the state administration and legislature.

Principles underlying the report are to:

- ✓ **Narrowly focus** on a subset of Maryland health care transformation priorities that MHCC is uniquely positioned to address and, thereby, add value to State efforts.
- ✓ Create a **living document** that MHCC will update annually as needed and when opportunities in the State evolve.
- ✓ Describe **actionable strategies and milestones** that will advance MHCC priorities and guide the operations and activities of the Commission.
- ✓ **Closely align** with the Maryland Department of Health (MDH), Health Services Cost Review Commission (HSCRC), Health Benefits Exchange (HBE), and the Maryland Insurance Agency (MIA) **to catalyze and support the State's health care transformation goals.**

MHCC Strategic Intent

The MHCC's overarching goal is to reduce health care disparities while improving health care access, quality, outcomes, and cost in Maryland. To achieve this objective, MHCC will:

- ✓ Align health care payers around State strategic goals, including primary and behavioral health care access, chronic disease prevention and management, and other emerging priorities.
- ✓ Increase the use of actionable cost and quality data to drive improvements in care.
- ✓ Use MHCC authorities to increase geographic, racial, and ethnic health care equity.

State Landscape

Maryland is one of the nation's wealthiest states, with average per capita personal income in 2021 exceeding $69,266.[3] Maryland also ranks well above average in many national health indicators.[4] Baltimore is home to two major academic medical centers and several renowned professional schools, including the Johns Hopkins University Schools of Medicine, Nursing, and Public Health, as well as the University of Maryland Schools of Dentistry, Medicine, Nursing, and Pharmacy.

Maryland is a center for health research and development. In 2020, Maryland ranked fourth in the Milken Institute's State Technology and Science Index for its ability to foster and sustain a technology sector. The index examines human capital investment, research and development inputs, risk capital and entrepreneurial infrastructure, technology and science workforce and technology concentration and dynamics.[5] Research parks that facilitate joint research among universities, State and federal government institutions, and private industry bolster innovations in Maryland's economy. These parks include The Johns Hopkins

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[3] Maryland Economy - Income
[4] Maryland Rankings and Facts | US News Best States
[5] Maryland Economy

[Bayview Campus](#) (life sciences research) in Baltimore and Shady Grove Life Sciences Center (biomedical & life sciences research) in Montgomery County.[6]

Maryland is home to much of the federal government's health care infrastructure. The National Institutes of Health (NIH), composed of 27 specific institutes, is located in Bethesda. The Agency for Health Research and Quality (AHRQ), Health Resources Services Administration (HRSA), and Substance Abuse and Mental Health Services Administration (SAMSHA) are headquartered in Rockville. The Food and Drug Administration is headquartered in Silver Spring. The Walter Reed National Military Medical Center, the nation's premier military hospital, and the Uniformed Services University that provides medical education to physicians, nurses, and allied health professions who will serve in the military and the public health service are adjacent to the NIH.

Maryland is an innovator among states in the use of health care data. In particular, Maryland's Health Information Exchange, CRISP is a national model for providing a statewide health information sharing platform to improve the quality of care.[7] As the regulator of health information exchanges in Maryland, MHCC plays a critical role in facilitating the exchange and use of health information to improve the quality and efficiency of health care delivery.

Maryland is a leader in implementing alternative payment models. In particular, the TCOC Model builds on a unique arrangement between the State and the Centers for Medicare & Medicaid Services (CMS) and is Maryland's hospital global budgeting model. The TCOC Model holds Maryland fully accountable for the cost and quality of care delivered to Medicare beneficiaries. The TCOC Model sets a per capita limit on Medicare total costs of care and incentivizes greater coordination of patient-centered care among hospital-based and primary care services. Maryland also is developing integrated care models for people

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[6] [Maryland Economy](#)
[7] [Home - Improve Outcomes and Enhance the Patient Experience | CRISP | Improve Outcomes and Enhance the Patient Experience | CRISP (crisphealth.org)](#)

who are dually eligible for Medicare and Medicaid. Finally, Maryland commercial payers and providers are in the early stages of establishing other value-based payment models that align with the cost and quality priorities of Medicare and Medicaid in the State.

Despite its strong health care assets, Maryland is marked by large racial and geographic disparities in health care access, quality, and outcomes, with a death rate among Black people that is 22 percent higher than the average for all races in the State.[8] Maryland residents have uneven access to primary care, behavioral health care, reproductive health care, dental health, and specialty care across the State. The Chesapeake Bay and Appalachian Mountains physically divide rural areas on the Eastern Shore and Western Maryland from the main health centers in the Baltimore and Washington, DC, metropolitan areas. More than 1.7 million Marylanders reside in primary care and mental health professional shortage areas.[9] Magnifying the physical barriers to health care access is the pronounced digital divide in the State, where low income rural and urban populations often do not have access to new technological health care innovations, further contributing to health disparities.[10]

MHCC's Capabilities

The MHCC has a range of core capabilities that contribute to State efforts to address health care challenges. It facilitates analysis and use of data from multiple payers to understand health care access, quality, and outcome gaps and works with State partners to engage providers and payers to close these cracks. It can leverage new technologies and innovations--including telehealth, mechanisms to increase patient-reported outcomes, and faster pre-authorization—to drive better care for consumers. The Commission also has broad regulatory authority that can be used in novel and inventive ways to promote equity in health care access, quality, and outcomes. The MHCC could channel its authority over health care facilities to support health care transformation in the State. Finally, the Commission can

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[8] Custom State Reports | KFF
[9] Custom State Reports | KFF
[10] Report: The digital divide is a state issue in Maryland - Technical.ly

serve as a neutral convener to facilitate collaboration, knowledge transfer, and education around specific priorities.

Health Data and Quality

The MHCC collects, analyzes, and reports on a variety of health care data to inform decision making by policymakers, payers, providers, and consumers. The MHCC collects data directly from health care facilities and insurance companies and requests and maintains data from quality reporting organizations, CMS, and Maryland and Washington, DC, hospitals. These data are used to support a variety of policy and legislative reports, demonstration program evaluations, and quality reporting initiatives. Much of these data are available for public release, sometimes after review by an external data release advisory committee.

The statute requires the Commission to develop and maintain a comparative performance evaluation system on hospitals, long-term care facilities, health plans, and surgery centers. To that end, the Commission established the Maryland Quality Reporting website, a consumer-friendly resource that consolidates quality metrics and general information on hospitals, nursing homes, assisted living and hospice providers, commercial health plans, and more.

A core function of MHCC is to develop and maintain the Medical Care Data Base (MCDB).[11] Detailed information regarding the regulations, submission process, and release of these data is available on MHCC's website. The MCDB supports estimates of health care cost and utilization, policy analyses, and evaluations of demonstration programs, and is a decision support tool for the Health Services Cost Resource Commission (HSCRC), Maryland Health Benefits Exchange (MHBE), Maryland Insurance Administration (MIA), and Prescription Drug Affordability Board (PDAB).

Health Care Facilities Planning and Development

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[11] The Medical Care Data Base is also referred to as an All-Payer Claims Data Base, the term that is used exclusively in other states.

The MHCC regulates the supply and distribution of certain health care facilities and facility-based services through the Certificate of Need (CON) and Certificate of Conformance programs. It also periodically certifies that the performance of cardiac surgery and percutaneous coronary intervention programs complies with MHCC standards. To support this regulatory activity, MHCC develops and updates the State Health Plan (SHP), a body of regulations that establish criteria and standards for various types of health care facility projects. The MHCC considers compliance with SHP standards in reviewing projects, including the need for the project, as well as its cost-effectiveness, impact, and viability, in reaching a decision.

The MHCC also collects information on health care facility service capacity and use, including general and special hospitals, nursing homes, home health agencies, and hospices. It maintains hospital registry data bases on cardiac surgery, cardiac catheterization, and percutaneous coronary intervention for regulatory oversight.

Health Information Technology

The MHCC advances health information technology (health IT) statewide to ensure that providers have the right information at the right time and place of care to improve treatment, prevent errors, and reduce health care costs. The MHCC uses health IT to collect information to improve disease surveillance, increase health care knowledge, and inform best practice guidelines. Health IT includes health information exchange (HIE), electronic health records (EHRs), telehealth, and patient-generated health data (PGHD). The MHCC's plan for advancing health IT balances the need for information sharing with strong privacy and security policies, including:

✓ Enabling CRISP to serve as a health data utility (HDU) to support the electronic exchange of clinical, non-clinical, administrative, and public health data to support advanced care delivery, bolster population health, and expand public health reporting. As the principal regulator of HIEs in Maryland, MHCC maximizes privacy and security of health care data while promoting the use of electronic health information.

- ✓ Identifying challenges to health IT adoption and use and formulating solutions.
- ✓ Increasing the availability and use of standards-based health IT through consultative, educational, and outreach activities.
- ✓ Facilitating the adoption and optimal use of health IT to improve the quality and safety of health care.
- ✓ Harmonizing HIE efforts to ensure that they adhere to privacy and security policies and contribute to the State's health care and public health objectives.
- ✓ Certifying electronic health networks that accept electronic health care transactions originating in Maryland and developing programs to promote electronic data interchange between payers and providers.
- ✓ Designating management service organizations to promote the adoption and advanced use of health IT.

Care Transformation

The MHCC supports advanced primary care and practice transformation, which shifts the focus from the quantity to the quality of care delivered and health care outcomes. Advanced primary care activities and demonstrations focus on patient needs, where primary care is the foundation for maximizing value in health care delivery through better outcomes and lower costs.

The MHCC's Proposed Strategic Priorities

Increase the intentionality of a health equity focus in MHCC programs and services.

Importance

As the Kaiser Family Foundation reported in 2020, stark racial and ethnic disparities exist in Maryland among adults who reported not seeing a physician in the past 12 months because

of cost.[12] While 4.9 percent of White adults didn't see a physician because of the cost, 8.5 percent of Black, 25.2 percent of Hispanic, and 8 percent of Asian adults delayed their care. Furthermore, 9.6 percent of White adults in Maryland reported not having a physician versus 11 percent of Black and 41.2 percent of Hispanic adults.[13] Inequitable access to care, an essential social driver of health, is a root cause of disparities in the burden of chronic disease, behavioral health conditions, cancer mortality, and maternal and infant health.

The Statewide Integrated Health Improvement Strategy (SIHIS)[14] includes an agreed-upon process and timeline for Maryland to meet population health improvement goals and comply with the Medicare waiver requirements. These targets for diabetes, overdose mortality, maternal morbidity, and asthma are inextricably linked to disparities in health care access.

Strategies

> ### Objective
> Provide analytical reports to illuminate gaps in health care access, quality, and outcomes by population subgroups, and zip codes to support the ability of stakeholders to understand and address health care gaps.

MHCC will:

1. Convene select State health care agencies, payers, and providers to establish the approach for measuring disparities in access, quality, and outcomes in the State.
2. Convene health care payers and providers to identify options for reducing disparities in access, quality, and outcomes when establishing, replacing, or expanding health care facilities or services.
3. Partner with other State agencies and health care organizations to incentivize expanding or testing new interventions to reduce health care disparities.

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[12] Adults Who Report Not Seeing a Doctor in the Past 12 Months Because of Cost by Race/Ethnicity | KFF
[13] Adults Who Report Not Having a Personal Doctor/Health Care Provider by Race/Ethnicity | KFF
[14] Statewide Integrated Health Improvement Strategy (maryland.gov)

4. Evaluate and adjust these interventions and promote promising practices.

Milestones

Year One: Collaborate with MDH to determine, specify, and prioritize disparities in community health needs; identify the health care domains of focus; and define the scope of MHCC's role with an emphasis on primary care, behavioral health, dental care, and reproductive health care.

Year Two: Convene stakeholders (consumers, providers, payers, purchasers, select State agencies) to identify options for sustainable approaches to decrease disparities in health care; develop a high leverage strategy, which may include changing how, where, or when health care services are delivered; and expand promising practices and other strategies that a representative group of stakeholders has identified.

Year Three: Align authorities to meet the needs identified in years one and two and expand actions that show promise for new activities; test and improve.

Year Four: Report on health equity action learning and develop toolkits to spread promising practices.

Use MHCC's health care facility regulatory authority to enhance equity in health care delivery by improving access to services and the quality and outcomes of care.

Importance

A core MHCC function is to administer Maryland's CON program. The CON regulation controls entry into the market for specific types of facilities and services and, in some cases, determines the service area of certain facilities, such as home health agencies and general

Objective

Increase access to services in underserved areas and among racial and ethnic minority populations to improve health outcomes, reduce disparities, and increase health equity.

hospices. Because the introduction of new services and expansion of authorized service areas can be lucrative and desirable for other non-monetary reasons, CON regulation can be used to leverage actions by health care facilities that are perceived as enhancing the equity of health care delivery. For instance, approval of a new service could be conditioned upon the applicant providing the service in underserved areas or removing barriers to access for underserved or vulnerable populations.

Strategies[4]

Strategies that MHCC will employ include:

1. Change review standards and how MHCC administers the CON program to facilitate or prioritize projects that are more likely to increase equity in health care delivery.

   o Reduce barriers to market entry when this tactic improves access for underserved populations.

   o Collaborate with other State agencies to incentivize the provision of needed services when financial rewards are small.[15] Place appropriate conditions on project approval requiring specific actions to reach underserved areas.

   o Explicitly incorporate social determinants of health (SDOH) when considering the need for certain projects.

2. Develop a better approach to technical assistance, including better outreach, to support CON applicants or potential applicants for projects that will address access issues and disparities in underserved areas and communities.

Milestones

Year One: Collaborate with select State agencies to identify populations with inadequate access and regulatory barriers to expanding access; review efforts in other states to use these types of regulatory authorities to leverage investment and other actions by health care

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[5] Examples include approach to hospice care in Prince George's County and cardiac care expansion in Montgomery County requirement for education and outreach in Prince George's County.

facilities to reduce disparities and increase health equity; identify regulatory requirements that can be relaxed or removed to promote equity; and develop and launch a technical assistance program to support applicants interested in providing target services.

Years Two and Three: Revise regulations to reduce or remove barriers to new or expanded services that will reduce disparities and increase equity when doing so will not negatively affect quality; communicate changes in standards and technical assistance availability to target provider communities; and assess applicability to all incoming applications.

Year Four: Catalogue the specific changes made in regulatory requirements to promote equity and evaluate the impact of those changes on access and equity in targeted communities and population groups; and develop a report detailing the types of projects that received assistance, a description of the assistance provided, whether the assistance was effective in promoting the development of services addressing targeted access or equity issues, and whether the projects that received assistance were approved.

Facilitate the adoption of new technologies and health care data innovations and assess their impact on access and quality.

Importance

COVID-19 accelerated the deployment of technologies, such as telehealth, which have powerful potential to increase access, satisfaction, and perhaps even quality while reducing costs. Emerging technologies that enable patient-reported outcomes or expedite prior authorization can enable providers and payers to better identify health care needs or coordinate care on behalf of patients. They also can deliver care and services directly to patients. There is a risk, however, of disparities in access to, and use of, these technologies, which could contribute to greater inequities, even while increasing value in some subpopulations.

Strategies

1. Refine and advance MHCC's infrastructure and processes to engage stakeholders in identifying and assessing technology use cases that advance access and quality objectives and facilitate greater integration in health care.

2. Assess current deployment and use of technology in a detailed and stratified way.

3. Use that information to assess how adoption of technology affects access, use, cost, and quality.

4. Promote MHCC's capabilities to assess the impacts of technology adoption among providers, stakeholders, and other select State agencies.

Disseminate best practices and make recommendations to maximize the positive impacts of technology on all Marylanders while reducing disparities in access and outcomes.

Milestones

Year One: Identify emerging technologies in HIE, EHR, telehealth, and PGHD in Maryland; identify technologies used to streamline prior authorizations, which have potential to improve access to care that is of equal or better quality and lower cost in Maryland; engage stakeholders to develop a framework to evaluate the impact of technologies on health care outcomes and costs; through engagement, increase recognition of MHCC as an information resource for health IT diffusion.

Year Two: Assess the effects of health IT adoption across providers and payers on cost, quality, and access to facilitate comprehensive impact analyses for a prioritized set of technologies; and develop appropriate high value use cases.

Year Three: Partner with innovative technology adopters to crystalize meaningful use of use cases focused on advancing health equity.

Year Four: Report on adoption and the impacts of adoption; make concrete recommendations about how to accelerate the education of stakeholders.

Increase the use of data among policymakers, payers, providers, purchasers, and patients to improve the quality, affordability and outcomes of health care delivered in the State.

Importance

Consumers, policymakers, providers, purchasers, and payers make decisions that affect the quality, cost, and outcomes of health care in Maryland. The Commission's quality reporting and consumer price transparency initiatives (such as "Wear the Cost") provided useful information for consumers and policymakers to better understand the cost and quality performance of the health care system and the variability of performance across providers. For the 2023–2026 planning period, the Commission will continue to advance its reporting to inform purchasing decisions, increase transparency, and further align payment with quality outcomes.

The Commission will advance the sharing and public reporting of cost and quality data for payers and providers to use by expanding reporting to include a greater number of episodes of care, health care settings, and payers. This information will help payers, purchasers, and other stakeholders (Medicaid, State Employee Plan, MHBE) and providers benchmark their performance and promote deeper partnerships for health care delivery innovation.

As Maryland's regulator of HIEs, the Commission will play a critical role in envisioning and developing the State's model for HDU. COVID-19 has further demonstrated the need to build more robust data-sharing capabilities for public health purposes.

> ## Objective
> Increase progress on quality, outcome, and cost targets among payers and providers by generating more data on service level, episodes of care, etc.

Strategies

1. Engage stakeholders to understand information needs most relevant to State equity goals[16] to develop a reporting framework that will provide actionable insights about the quality and costs of care delivered across providers, payers, geographic regions, care settings, and other factors that will be helpful for driving value-based care.[17]

2. Given the effects of the workplace violence crisis on the quality of care, convene stakeholders to develop an approach to track violence and threats in health care facilities.

3. Align reporting with other State agencies such as HSCRC (e.g., SIHIS measures), MHBE, and MDH to ensure a deeper understanding of progress toward the State's overall cost growth, quality, and equity targets.

4. Advance Maryland's Medical Care Data Base (MCDB) and other key data resources to ensure that it is comprehensive and includes high-quality data from all health care industry sectors to provide "measures that matter" to stakeholders for information on pharmacy costs and health care access and quality related to conditions like substance use disorder, obesity, and long COVID.

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[16] Goals may include SIHIS goals, health equity targets, post-acute care, and care transitions, etc.

[17] The possibility of looking at out-of-pocket costs was discussed, but it was unclear whether the supporting data would be available. The MHCC could keep consumers informed of federal and state policy changes that affect issues like out-of-pocket costs, and they can also increase understanding of terms like value and quality.

5. Provide leadership to address quality measure gaps (e.g., assisted living) by identifying appropriate sentinel quality measures and establishing publicly accessible visualization tools.

6. Promote MHCC's quality resources among providers, consumers (e.g., senior centers), discharge planners with targeted messaging, and continuously assess and improve outreach approaches.

7. Promote equity in reports on cost and quality performance and include an assessment of how cost containment and quality improvement efforts affect equity.

8. Complete modernization and alignment of COMAR 10.25.18 *Health Information Exchanges: Privacy and Security of Protected Health Information* to support expanded data sharing and robust privacy and security requirements.

9. Identify and confirm funding for full implementation of HDU and establish HDU use cases that maximize the value of expanded data reporting sources.

10. Participate in national planning efforts by the Office of the National Coordinator for Health Information Technology to establish a universal floor for interoperability.

Milestones

Year One: Convene providers to develop a reporting framework to show gaps in health care quality and affordability (racial, ethnic, geographic, payer); identify and facilitate data sharing to address the comprehensiveness of the APCD; identify target subpopulations that align with State priorities and plan outreach; finalize changes to COMAR 10.25.18 and promulgate the regulations; and develop select HDU use cases with stakeholder input.

Year Two: Gather and analyze data and publish a baseline report on statewide health care costs, plan and launch engagement campaigns, and implement select HDU use cases.

Years Three and Four: Provide an annual statewide cost and quality report based on the framework developed with the input of key stakeholders; develop recommendations for the State to address systemic gaps in quality and affordability; spread promising practices in

addressing gaps as payers and providers advance their value-based care initiatives; and expand outreach to more populations and form more outreach partnerships.

Promote new models of care to address barriers to reducing the TCOC in Maryland and seize on new authorities under Health Insurance: Two-Sided Incentive Arrangements and Capitated Payments – Authorization (Chapter 297 2022 Laws of Maryland)

Importance

Restructured payment policies and delivery systems are required to create a health care system that puts the interests of people first and supports providers and their care teams in the delivery of high-value, patient-centered care. Value-based care is a movement away from *treating* a condition to *preventing* illness and avoidable costs. In a value-based care system, purchasers and payers hold the health care system accountable for the quality and costs of care. The transition from fee-for-service to value-based care requires increased investment in preventive, primary, and behavioral health care, coupled with financial incentives that facilitate team-based care to achieve better patient outcomes.

> **Objective**
> Transform care delivery into a value-based care system in which providers collaborate to provide high-quality, coordinated care that emphasizes quality and outcomes and includes financial incentives tied to value.

Strategies

1. Educate the public about ways to think about "value" and "quality" when making health care decisions and provide resources that help with decision making.

2. Engage payers and providers to align quality measures across payers and programs (Medicaid, Medicare, Maryland Primary Care Program) to support value-based payment.

3. Consistent with Maryland's commitment to adopting all-payer delivery models, broaden participation in State programs, such as the Maryland Primary Care Program, to include commercial insurers, Medicaid, and Medicare.

4. Leverage MHCC's Primary Care Workgroup (Chapter 667, 2022 Laws of Maryland) to identify how to improve access to primary care services and avoid increased costs to patients and the health care system.

5. Establish new value-based models that recognize health equity as a foundational component.

6. With input from MHCC's Maryland Primary Care Program Advisory Council, formulate policies to support primary care providers in meeting the challenges of the TCOC Model.

7. Collaborate with payers and providers to transition to quality-aligned, value-based care and to harness the potential of data in facilitating meaningful change.

Milestones

Year One: Develop the legislatively required primary care analysis and reporting plan based on input from the Primary Care Workgroup; and identify short-term and long-term policy goals for primary care, behavioral health, and specialty care providers to achieve cost reductions and quality enhancements.

Year Two through Four: Develop benchmarks for advanced payment models; identify essential policies to strengthen and advance primary care, behavioral health care and specialty care; and engage payers, providers, purchasers, and the public in efforts to achieve cost reductions and quality enhancements in primary care, behavioral health, and specialty services.

Next Steps

The MHCC priorities, strategies, and milestones were designed to be actionable and measurable. The Centers will be accountable for implementing strategies and will develop dashboards to monitor and report progress to the Commission quarterly. The health care environment in Maryland is dynamic; this report is intended to be a living document that can be modified based on new State direction or opportunities. Proposed modifications to priorities, strategies, and milestones will be considered in annual Commission retreats and adopted through existing Commission decision making procedures. The Commission remains steadfast in its overall strategic intent of reducing health care disparities while improving health care access, quality, outcomes, and cost in Maryland.

MARYLAND
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Commission

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