



Memorandum

To: MHCC Commissioners

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Maryland Health Care Commission

RE: Key Themes Developed During the MHCC Strategic Priorities Retreat

Date: January 13, 2022

We expect a short meeting agenda in January, so we will make use the last part of the January meeting to discuss the key themes developed during the retreat held in November. Attached are summaries of the key themes, which I also shared with you in an e-mail earlier this week. I will review each of the five themes and Dr. Pollak will lead the discussion. All Commissioners are encouraged to take active roles in the discussion. At the conclusion of the discussion, Anne Langley, consultant with Health Management Associates, will discuss the next steps in the development of the strategic priorities.

Please let me know if you need additional information. I'm not sending the entire retreat packet. That information is available on the MHCC Commissioner Portal at https://mhcc.maryland.gov/mhcc/pages/home/commissioners/commissioners_logon.aspx and I will email the entire packet if you prefer.

Key Themes That Emerged on Directions Moving Forward

The 2021 retreat represented the starting point for MHCC’s development of a strategic plan for the next five-year planning cycle (2023-2028). Throughout the speaker presentations and the discussions among commissioners and staff, retreat participants identified many areas of opportunity for MHCC. Decreasing health disparities and achieving greater health equity were themes raised repeatedly throughout the day, by both the speakers and the commissioners. Vice-chair Sargent noted in his comments at the conclusion of the retreat that “equity” is probably too broad for the MHCC to tackle. Each of the opportunities noted here, however, is an opportunity to decrease disparities. Along with an assessment of current MHCC goals, priorities, and statutory obligations, these areas of opportunity identified during the retreat will be considered in greater depth in the 2022 planning effort:

- **Create a visible, impactful state health equity report card (access, quality, outcomes, patient experiences)**—equity is a priority area for Maryland. Participants at the retreat noted the strength of the MHCC as a purveyor of thorough, unbiased information. Producing an equity report would utilize the MHCC’s strength to create tools that would support SIHIS and all the other equity efforts across the state. Reports should build upon/coordinate with other reports that characterize disparities and propose steps to achieve equity. For example, MDH’s Diabetes Action Plan includes equity measures and analysis. There may be specific areas where information and analysis of the status of equity in Maryland could be especially useful, such as MCO equity report cards.
- **Transform the State Health Plan into a “Real” State Health Plan**—the existing State Health Plan (SHP) is more of a health facilities plan, with its origins in decades-old planning practices. Facilities planning and right-sizing regulated services should be integrated with planning efforts to support increased equity, success of the TCOC model, improved outcomes, reduced costs, etc. Dr. Benjamin and John Colmers both suggested the possibility of creating a more robust SHP to help guide these efforts. Another question raised was whether the State Health Improvement Plan is still an active effort within MDH, or whether that effort could be combined with the SHP to create a comprehensive roadmap to achieve the state’s health related goals. A more comprehensive State Health Plan could help align SIHIS, equity programs, and other State initiatives.
- **Make CON program more of a tool to achieve other goals, such as equity**—there are other jurisdictions that use the CON program to incentivize investments by health systems and other regulated providers in resources that in turn could help the state achieve the SIHIS goals, make progress toward health equity, and solve other gaps in needed services. Conditions could be placed on the award of CONs that would help



achieve, for example, better alignment of access points with local (neighborhood) needs for services, a need identified by Stacia Cohen in her presentation.

- **Make data resources more timely, more integrated, more relevant, more usable for consumers**—Maryland has strong data infrastructure, including CRISP. Reporting on quality data has been a strength of the MHCC's in the past. Concern was raised by speakers at the retreat about the timeliness, accessibility, and transparency of the quality and outcomes data that is available, through the MHCC and otherwise, and about whether the data is integrated and coordinated to make it useful for multiple purposes.
- **Develop mechanism to achieve and facilitate true consumer and community engagement**—during the retreat, Commissioner Jensen expressed interest in the MHCC being more consumer-centered, soliciting information from those served by the MHCC about the needs of consumers and communities, how existing policies and practices impact them, their experiences with the health system, and their own health. Given its neutrality, the trust accorded it as a source of unbiased information, and the fact that it already has a consumer orientation developed through the cost and quality efforts, the MHCC is better positioned than most other state agencies to develop a community and consumer engagement function. This resource could be used to help achieve equity improvements and the SIHIS population health goals. In his presentation, Dr. Kalyanaraman described multiple engagement efforts his organization has invested in because they deemed engagement of residents essential to achieving their vaccination goals. A more comprehensive and better resourced engagement function housed at and facilitated by the MHCC could support the achievement of health improvement goals more broadly across the state, including the SIHIS population health goals.

