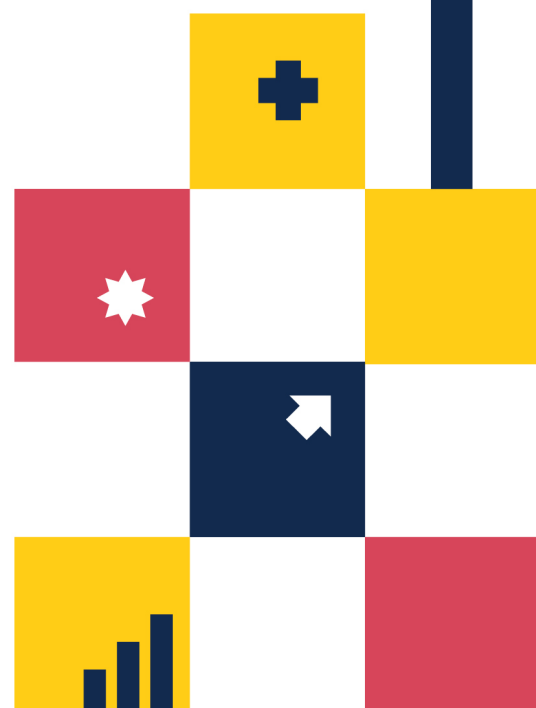


2023 – 2026 Strategic Report

The Maryland Health
Care Commission

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Table of Contents

Executive Summary	1
Introduction	2
MHCC Strategic Intent	3
State Landscape	4
MHCC's Capabilities	6
Health Data and Quality	6
Health Care Facilities Planning and Development	7
Health Information Technology	8
Care Transformation	9
The MHCC's Proposed Strategic Priorities.....	10
Increase the intentionality of a health equity focus in MHCC programs and services.	10
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.....	12
Facilitate the adoption of new technologies and health care data innovations and assess their impact on access and quality of health care.....	14
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.	16
Promote new models of care to address barriers to reducing the Total Cost of Care in Maryland and seize on new authorities under <i>Health Insurance: Two-Sided Incentive Arrangements and Capitated Payments – Authorization</i> (Chapter 297 laws of Maryland).....	19

This report was developed in collaboration with Health Management Associates principals, Madeleine Shea, PhD and Jon Kromm, PhD and Anne Langley, JD.

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 Exchange for All Our Patients (CRISP) is a national model providing a statewide health information sharing platform to improve the quality of care¹. 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 and 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 Black death rate 22 percent higher than the average for all races in the State².**

The Maryland Health Care Commission's overarching goal in the next four years is to reduce health care disparities while improving health care access, quality, outcomes, and cost in Maryland. The MHCC will achieve this 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; and
5. Promoting new models of care to address barriers to reducing the Total Cost of Care in Maryland and seize on new authorities under *Health Insurance: Two-Sided Incentive Arrangements and Capitated Payments – Authorization*.

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

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 Total Cost of Care program, 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 Maryland Health Care Commission (MHCC or 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 serves this role by providing timely and accurate information to policy makers, payers, purchasers, providers and the public on the availability, cost, and quality of health care services.

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 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 where MHCC is uniquely positioned to add value to State efforts;
- ✓ Create a **living document** that will be updated annually as needs and opportunities in the State evolve;



- ✓ Describe **actionable strategies and milestones** that will advance MHCC priorities and guide the operations and activities of the Commission; and
- ✓ **Closely align** with the Maryland Department of Health (MDH), Health Services Cost Review Commission (HSCRC), Health Benefits Exchange (HBE), and Maryland Insurance Administration (MIA) **to catalyze and support the health care transformation goals of the State.**

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

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. This will be achieved by:

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



State Landscape

Maryland is one of the nation's wealthiest states with an average per capita personal income exceeding \$69,266 in 2021³. Maryland also ranks well above average in many national health indicators⁴. 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, and 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 dynamics⁵. Innovations in Maryland's economy are bolstered by research parks that facilitate joint research among universities, State and federal government institutions, and private industry. These parks include: [The Johns Hopkins Bayview Campus](#) (life sciences research) in Baltimore; and Shady Grove Life Sciences Center (biomedical & life sciences research) in Montgomery County⁶.

Much of the federal government's health care infrastructure is based in Maryland. 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

³ [Maryland Economy - Income](#)

⁴ [Maryland Rankings and Facts | US News Best States](#)

⁵ [Maryland Economy](#)

⁶ [Maryland Economy](#)



nation's premier military hospital and the Uniformed Services University that provides medical education for physicians, nurses, and allied health professions that will serve in the military and the public health service are adjacent to the NIH.

Maryland is an innovator among states regarding the use of health care data. In particular, Maryland's Health Information Exchange, the Chesapeake Regional Information System for All Our Patients (CRISP) is a national model providing a statewide health information sharing platform to improve the quality of care⁷. 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 Total Cost of Care (TCOC) Model builds on a unique arrangement between the State and the Centers for Medicare and Medicaid Services (CMS) and the 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 model sets a per capita limit on Medicare total costs of care and incentivizes greater coordination of patient-centered care by hospital-based and primary care services. Maryland is also developing integrated care models for persons who are dually eligible for Medicare and Medicaid. Finally, Maryland commercial payers and providers are in early stages of establishing other value-based payment models that align with the cost and quality priorities of the 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 Black death rate 22 percent higher than the average for all races in the State⁸. There is uneven access to primary care, behavioral health care, reproductive health care, oral health, and specialty care across the

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

⁸ [Custom State Reports | KFF](#)



State. Rural areas on the Eastern Shore and Western Maryland are physically divided by the Chesapeake Bay and Appalachian Mountains from the main health centers in Baltimore and the DC metro areas. More than 1.7 million Marylanders reside in primary care and mental health professional shortage areas⁹. The physical barriers to health care access are magnified by 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 disparities¹⁰.

MHCC's Capabilities

The MHCC has a range of core capabilities to 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 gaps. 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 authorities that can be used in new and innovative ways to further equity in health care access, quality, and outcomes. The MHCC's authority over health care facilities could be channeled to support health care transformation in the State. Finally, the Commission can serve as a neutral convener to facilitate collaboration, knowledge transfer, and education around specific priorities.

Health Data and Quality

The MHCC collects, analyses, and reports on a variety of health care data to inform decision-making by policy makers, payors, providers, and consumers. The MHCC collects

⁹ [Custom State Reports | KFF](#)

¹⁰ [Report: The digital divide is a state issue in Maryland - Technical.ly](#)



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.

Under statute The Commission is required 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 tool 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 the MHCC is to develop and maintain the Medical Care Data Base (MCDB). Detailed information regarding the regulations, submission process, and release of these data may be found on the MHCC 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 HSCRC, the Maryland Health Benefits Exchange (MHBE), the Maryland Insurance Administration (MIA), and the Prescription Drug Affordability Board (PDAB).

Health Care Facilities Planning and Development

The MHCC regulates the supply and distribution of certain health care facilities and facility-based services through the Certificate of Need and Certificate of Conformance programs. It also periodically certifies that the performance of cardiac surgery and Percutaneous Coronary Intervention programs complies with MHCC performance standards. To support this regulatory activity, it develops and updates the [State Health Plan](#) (SHP), a body of regulation that establishes criteria and standards for considering various types of health care facility projects. The MHCC considers compliance with SHP standards



in reviewing projects, the need for the project, 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 obtains hospital registry databases 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 assure 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 the following:

- ✓ Enable CRISP to serve as a health data utility to support 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 develop programs to promote electronic data interchange between payors and providers; and
- ✓ 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 health 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 reported by the Kaiser Family Foundation in 2020, stark racial and ethnic disparities exist in Maryland among adults who reported not seeing a doctor in the past 12 months because of cost¹¹. While 4.9% of White adults didn't see a doctor because of the cost, 8.5% of Blacks, 25.2% of Hispanics and 8% of Asians delayed their care. Furthermore, in Maryland 9.6% of White adults reported not having a doctor, compared to 11% of Blacks and 41.2% of Hispanics¹². 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 Strategy¹³ includes an agreed-upon process and timeline by which Maryland must meet population health improvement goals to 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.

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 health care stakeholders to understand and address health care gaps.

Strategies

¹¹ [Adults Who Report Not Seeing a Doctor in the Past 12 Months Because of Cost by Race/Ethnicity | KFF](#)

¹² [Adults Who Report Not Having a Personal Doctor/Health Care Provider by Race/Ethnicity | KFF](#)

¹³ [Statewide Integrated Health Improvement Strategy \(maryland.gov\)](#)



MHCC will:

1. Convene select State agencies, health care payers and providers to establish the approach to measuring disparities in health care access, quality, and outcomes in the State.
2. Convene health care payers and providers to identify options to reduce disparities in health care 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.
4. Evaluate and adjust these interventions and promote promising practices.

Milestones

Year 1 - Collaborate with MDH to identify, specify and prioritize disparities in community health needs; Identify the health care domains of focus; and define the scope of MHCC's role emphasizing primary care, behavioral health, dental care, and reproductive health care.

Year 2 - 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, expanding promising practices and other strategies identified by a representative group of stakeholders.

Year 3 - Align authorities to meet needs identified in Years 1 and 2 and expand actions that show promise and for new activities, test and improve.

Year 4 - 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 function of MHCC is to administer Maryland's Certificate of Need (CON) program. CON regulation controls entry into the market for certain types of facilities and services and, in some cases, determines the service area available to facilities, such as home health agencies and general 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 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.

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.

Strategies⁴

MHCC will:

1. Change review standards and how the CON program is administered to facilitate or prioritize projects more likely to increase equity in health care delivery.
 - Reduce barriers to market entry when this improves access for underserved populations;



- Collaborate with other State agencies to incentivize the provision of needed services when financial rewards are small¹⁴. Place appropriate conditions on project approval requiring specific actions to reach underserved areas; and
 - Explicitly incorporate SDOH in consideration of 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 1 – 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 facilities to reduce disparities and increase health equity; identify regulatory requirements that can be relaxed or removed to promote equity; develop and launch a technical assistance program to support applicants interested in developing target services.

Year 2 – 3 -Revise regulations to reduce or remove barriers to new or expanded services that will reduce disparities and increase equity, where doing so will not negatively impact quality; Communicate changes in standards and technical assistance availability to target provider communities; assess applicability to all incoming applications.

Year 4 – Catalogue the specific changes in regulatory requirements made to promote equity and evaluate the impact of those changes on access and equity in targeted communities and population groups; develop a report detailing the types of projects that received assistance, a description of the assistance provided, , whether the assistance was

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.



effective in promoting the development of services addressing targeted access or equity issues, and whether the projects that received assistance were ultimately approved.

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

Importance

COVID-19 accelerated the deployment of technologies, such as telehealth, that have powerful potential to increase access, satisfaction, and perhaps even quality, and to reduce 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 consumers. They can also deliver care and services direct to consumers. There is a risk, however, of disparities in access and utilization of these technologies that could contribute to greater inequities, even while increasing value in some subpopulations.

Objective

Bring transparency to the use of new health IT technologies in Maryland, with the goal of capitalizing on the benefits while detecting disparities in access or utilization so that they can be addressed to improve population health.

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 while facilitating greater integration in health care.
2. Assess current deployment and utilization of technology in a detailed and stratified way.



3. Use that information to assess access, use, cost, and quality impacts of technology adoption.
4. Promote MHCC's capabilities to assess the impacts of technology adoption among providers, stakeholders, and other select State agencies.
5. 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 1 - Identify emerging technologies in HIE, HER, telehealth, and PGHD in Maryland; identify technologies used to streamline prior authorizations, that have potential to improve access, with equal or better quality and at a 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 2 – Assess cost, quality, and access impacts from health IT adoption across providers and payers to facilitate comprehensive impact analyses for a prioritized set of technologies; and develop appropriate high value use cases.

Year 3 - Partner with innovative technology adopters to crystalize meaningful use of use cases focused on advancing health equity.

Year 4 – Report on adoption and the impacts of adoption; make concrete recommendations about how to accelerate the adoption and educate 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

Decisions made by consumers, policymakers, providers, purchasers, and payers impact 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 use by payers and providers by expanding reporting to a greater number of episodes, health care settings, and payers. This will help payers, purchasers, and other stakeholders (Medicaid, State Employee Plan, MHBE) and providers to benchmark their performance and develop deeper partnerships for health care delivery innovation.

Additionally, 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—
Service Level, Episodes of Care.



Strategies

1. Engage stakeholders to understand information needs most relevant to State equity goals¹⁵ to develop a reporting framework to provide actionable insights about the quality and costs of care delivered across providers, payers, geographic regions, care settings, and other breakdowns helpful for driving value-based care¹⁶.
2. Given the crisis in health care facilities around workplace violence and threats that impact the quality of care, convene stakeholders to develop an approach to tracking health care workplace violence and threats. Participate with other health care entities in assessing and addressing health care workforce shortages.
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 All-Payer Claims Database (APCD) and other key data resources to ensure that it is comprehensive and includes high-quality data from all health care industry sectors to be able to provide "measures that matter" to stakeholders for information, such as pharmacy costs, and health care access and quality related to conditions like substance use disorders, obesity and long COVID.
5. Provide leadership to address quality measure gaps (e.g., assisted living) by identifying appropriate sentinel quality measures and establishing publicly accessible visualization of these measures.
6. Promote MHCC quality resources among providers, consumers (e.g., senior centers), discharge planners, etc. with targeted messaging and continuously assess and improve outreach approaches.

¹⁵ Goals may include SIHIS goals, health equity targets, post-acute care and care transitions, etc.

¹⁶ There was discussion about looking at out of pocket costs here but it wasn't clear that there would be data to look at this. MHCC could keep consumers informed of federal and state policy changes that impact issues like out of pocket costs and can also increase understanding of terms like "value" and "quality".

7. Promote equity in its reporting on cost and quality performance and include an assessment of the impact of cost containment and quality improvement efforts on 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 1 - 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; and finalize changes to COMAR 10.25.18 and promulgate the regulations; with stakeholder input, develop select HDU use cases.

Year 2 - Gather and analyze data and publish baseline report for statewide health care costs; Plan and implement engagement campaigns; implement select HDU use cases.

Year 3 – 4 - 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 expand outreach partnerships.



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

Importance

Restructuring payment policies and delivery systems is required to achieve a health care system that puts the interest 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 health care purchasers and payers hold the health care system accountable for the quality and cost of care. The transition from fee-for-service to value-based care requires an increased investment in preventive, primary, and behavioral health care coupled with financial incentives to facilitate team-based care to achieve better patient outcomes.

Objective

Transform care delivery into a value-based care system where providers work together 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” in making health care decisions and resources to help with decision making.
2. Engage payers and providers to align quality measurement 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 payers, 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 is one of the foundational component of the model.
6. With input from MHCC's Maryland Primary Care Program Advisory Council, formulate policies to support primary care providers to meet the challenges of the Total Cost of Care model.
7. Collaborate with payers and providers to transition to quality-aligned, value-based care and to harness the potential of data to facilitate meaningful change.

Milestones

Year 1 – Develop the legislatively required primary care analysis and reporting plan based on input from the Primary Care Workgroup; identify short and long-term primary care, behavioral health, and specialty care policy goals to achieve cost reduction and quality enhancements.

Year 2-4 – 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 to primary care, behavioral health, and specialty.



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