



Create a visible, impactful state health equity report card (access, quality, outcomes, patient experiences)

- ▶ Basis for emphasizing this priority
 - Equity is a priority area for Maryland and MHCC is a purveyor of thorough, unbiased information.
 - 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.
 - Build on successful models such as MDH's Diabetes Action Plan includes equity measures and analysis.
 - Identify specific areas where information and analysis of the status of equity in Maryland could be especially useful, such as MCO equity report cards.
- ▶ Considerations: Shirley Nathan Pulliam Equity Commission is getting started and MDH Office of Minority Health and Health Disparities also plays a role – MHCC could play a collaborative role



State Health Plan And CON Initiatives



1. Transform the State Health Plan into a “Real” State Health Plan

- ▶ Basis: existing State Health Plan (SHP) is a health facilities plan, with its origins in decades-old planning practices, but it could provide the legal foundation to do more.
- ▶ The new State Health Plan would integrate existing facility planning functions with planning efforts to support increased equity, success of the TCOC model, improved outcomes, reduced costs, etc.
 - Use a dynamic SHP to further SIHIS goals, equity programs, and other State initiatives.
 - Align long-established State Health Improvement Plan with SHP to create a comprehensive roadmap to achieve the state’s health related goals.
- ▶ Considerations: State Health Plan is defined in chapters pertaining to types of facilities and types of services. Realignment may require elimination of certain services and facility



2. Make CON program more of a tool to achieve other goals such as equity

- ▶ Incentivize investments by health systems and other regulated providers in resources:
 - Link CON Conditions to achieving SIHIS goals,
 - Applicant's progress on health equity, and
 - Eliminating 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.
- ▶ Considerations: Likely would require statutory changes and would need to align with changes in priorities established in State Health Plan chapters



Make data resources more timely, more integrated, more relevant, more usable for consumers

- ▶ Basis for the priority:
 - MHCC has strong data infrastructure and collaborates with other state agencies and CRISP
 - Reporting on quality data has been a strength of the MHCC's in the past
- ▶ Timeliness, accessibility, relevancy, and transparency of the quality and outcomes data are subject to questions
- ▶ Consumer engagement is challenging, consumers are reluctant consumers of data on outcomes and quality
- ▶ Considerations
 - Pandemic has demonstrated the importance of more timely and better integrated data
 - Better data integration and more timely delivery could have multiple benefits for consumers and providers such as enabling greater value-based payment models



Develop mechanism to achieve and facilitate consumer and community engagement

- Commissioner 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.
- MHCC is better positioned than most other state agencies to develop a community and consumer engagement function
- Advantages
 - Trust is already accorded to MHCC as a source of unbiased information
 - Existing consumer orientation developed through the cost and quality efforts
- Focus on
 - Health equity improvements and the SIHIS population health goals.
 - Achieving health improvement goals more broadly across the state



Themes that are Missing

- ▶ Diffusion of information technology
- ▶ Facilitator of new models of care
- ▶ Purveyor of cost and outcome data to the public and state partners
- ▶ Incubator of new entities: since its inception MHCC has enabled Patient Safety Center, CRISP, and to a limited degree Prescription Drug Affordability Board
- ▶ Other ???



Next Steps for Consultants

- ▶ Pause until the conclusion of the legislative session in April
- ▶ Summer/Fall--
 - ▶ Interview representatives of selected outside entities
 - ▶ Hold two “mini retreats”
 - ▶ Continue to polish priorities and fill in gaps
- ▶ November retreat
- ▶ Deliver final report