**The Maryland Model: Bending the Cost and Quality Curves**

Eight years ago, the Center for Medicare and Medicaid Innovation (CMMI) was born of federal legislation to foster experimentation to improve how health care is delivered. CMMI helps advance new care delivery systems, or models, while adhering to a single, unwavering principle: “…a model must either reduce spending without reducing the quality of care, or improve the quality of care without increasing spending, and must not deny or limit the coverage or provision of any benefits.”

Since January 2014, under the [All-Payer Model](https://innovation.cms.gov/initiatives/Maryland-All-Payer-Model/), Maryland has worked to achieve this bold vision. Maryland’s hospitals and their care partners have lowered the rate of growth of health costs, strengthened the health of whole communities, and improved the quality of care for patients. Since the model began:

* The cost of hospital care for has been held to a cumulative 11.16 percent increase (less than half of the model’s target)
* Maryland has saved the federal Medicare program more than $940 million on hospital care
* Readmissions rates, an important quality measure that shows patient care does not end with a hospital discharge, are down nearly 8.5 percent and are now below the national average
* Hospital-acquired infections and other complications, measures that demonstrate a hospital’s attention to safety, are down more than 47 percent.

Since the model began, NAME OF HOSPITAL OR ORGANIZATION, has reduced the number of readmissions by NUMBER, and the number of complications and infections by NUMBER. And NAME OF ORGANIZATION has initiated several programs designed to proactively care for our community so that people avoid hospital care unless it is truly needed.

For example, the NAME OF PROGRAM, which began MONTH and YEAR, has RESULTS.

Unsurprisingly, policy makers, consumer advocates, and others who care about health care, want to see more progress. In January 2019, Maryland will embark on the next phase of its distinctive health care transformation journey: the Enhanced Total Cost of Care Model. This model will build on the promise of hospitals’ work over the past five years by bringing non-hospital health care providers into the fold.

Now, rather than focusing on how hospitals alone can deliver efficient, high-quality care, physicians, skilled-nursing facilities, home health providers, and others, will be provided incentives to improve how they coordinate care for patients and to drive improvement on societal health problems such as diabetes, heart disease, and opioid use disorders. In doing so, Maryland’s entire health care system will work to ensure that patients receive the right care, at the right time, in the right setting.

NAME OF ORGANIZATION knows firsthand that we can accomplish so much more when all stakeholders are pulling in the same direction. We know that by forging even deeper partnerships with family doctors, skilled nursing facilities, community-based behavioral health care providers, home health agencies, pharmacies, social service agencies, and others, we can build upon our early progress.

The bottom line is that all of this means better health care and lower costs for people. Because when a health care system holds spending in check, improves quality, and coordinates care across all providers, patients receive a holistic health care experience where their needs – medical and otherwise – are met not by one hospital, one doctor, or one nursing facility, but rather by a team of professionals working in concert to help those in their care lead healthier, more fruitful lives.

That’s a health system that all of us can, and should, get behind.

NAME

TITLE

ORGANIZATION