THE MARYLAND MODEL

UNIQUELY MARYLAND, UNIQUELY SUCCESSFUL

Getting right what other states are getting wrong.

COMMUNITY
Maryland, under the Total Cost of Care Model, is the only state that holds hospitals accountable for the health of their community. Hospitals understand health begins outside their four walls and is determined by drivers like housing and access to healthy food. Hospitals invest money outside their walls, so people do not have to come in. This focus leads hospitals to collaborate more, better utilizing their resources for their neighbors.

Maryland hospitals:
• Responsible at the community level for diabetes prevention
• Accountable for asthma control in kids

EQUITY
Marylanders receive the best health care—no matter where you live, no matter who you are, no matter what your income is. Our rate-setting system ensures everyone pays the same and spares Marylanders from cost-shifting and a two-tiered system of care that burdens patients and worsens outcomes in other states. The Maryland Model defines success—not only in equitable access, but also in equitable outcomes.

Maryland has:
• Zero full hospital closures since 2005, compared to 98 full closures across the country (7 in surrounding states)
• Zero cost-shifting—in other states, hospitals charge one amount for some patients and another amount for other patients for the same procedure based on insurance

VALUE
Hospitals in Maryland do not set the prices, and they are not paid more to do more. Through the Maryland Model, hospitals are given a set budget to keep their communities well. The Maryland Model focuses on quality and the value of care, not quantity or patient volume.

The Maryland Model:
• Sets fixed annual revenue budgets with continuous monitoring by both state and federal regulators
• Slows the increase in hospital costs across an array of surgical procedures (JAMA, Sept. 21, 2021)
When hospitals across the country were scrambling to get tests and personal protective equipment, and later vaccines, into their communities to help stop the spread of COVID-19, Maryland hospitals were already there. The Maryland Model’s focus on population health has allowed hospitals to build relationships across their communities which enabled them to immediately reach those most in need.

Thanks to the flexibility provided by the Maryland Model and the HSCRC, Maryland hospitals were able to make an immediate impact with their neighbors while hospitals in other states were still formulating a plan. Time was of the essence, and Maryland hospitals utilized those relationships to take care of people in new and innovative ways.

“The Maryland Model provides hospitals with opportunities to innovate and develop new ways to deliver health care beyond our walls that will help to control costs for Maryland residents. It allows us to pilot new programs that will address the root causes of disease and improve health.”

Redonda Miller
President, The Johns Hopkins Hospital

“No matter where they are, they come to where we are.”

Troy Bradley
Safe Streets Cherry Hill

“I fear that if we did not have a model like Maryland, that what we see in other areas of the country, would quickly become the reality. The economic model (the Maryland Model) incentivizes caring for people.”

Kevin Lindamood
President & CEO, Healthcare for the Homeless