



maryland  
**health services**  
cost review commission

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## Statewide Integrated Health Improvement Strategy (SIHIS)

Workgroup Progress Update: Goals, Measures, Milestones, and Targets

November 2020

Health Services Cost Review Commission

Maryland Department of Health

Opioid Operational Command Center

# Why does the Statewide Integrated Health Improvement Strategy Matter?

- The Maryland Total Cost of Care (TCOC) Model State Agreement indicates:

“Under this Model, CMS and the State will test whether statewide healthcare delivery transformation, in conjunction with Population-Based Payments, **improves population health and care outcomes for individuals**, while controlling the growth of Medicare Total Cost of Care.”

## TCOC Model Objective

- The TCOC Model aims to improve quality and population health while containing cost growth.

## Policy Solution

- SIHIS is designed to engage State agencies and private-sector partners in enhancing hospital quality, fostering care transformation, and improving population health for Marylanders.

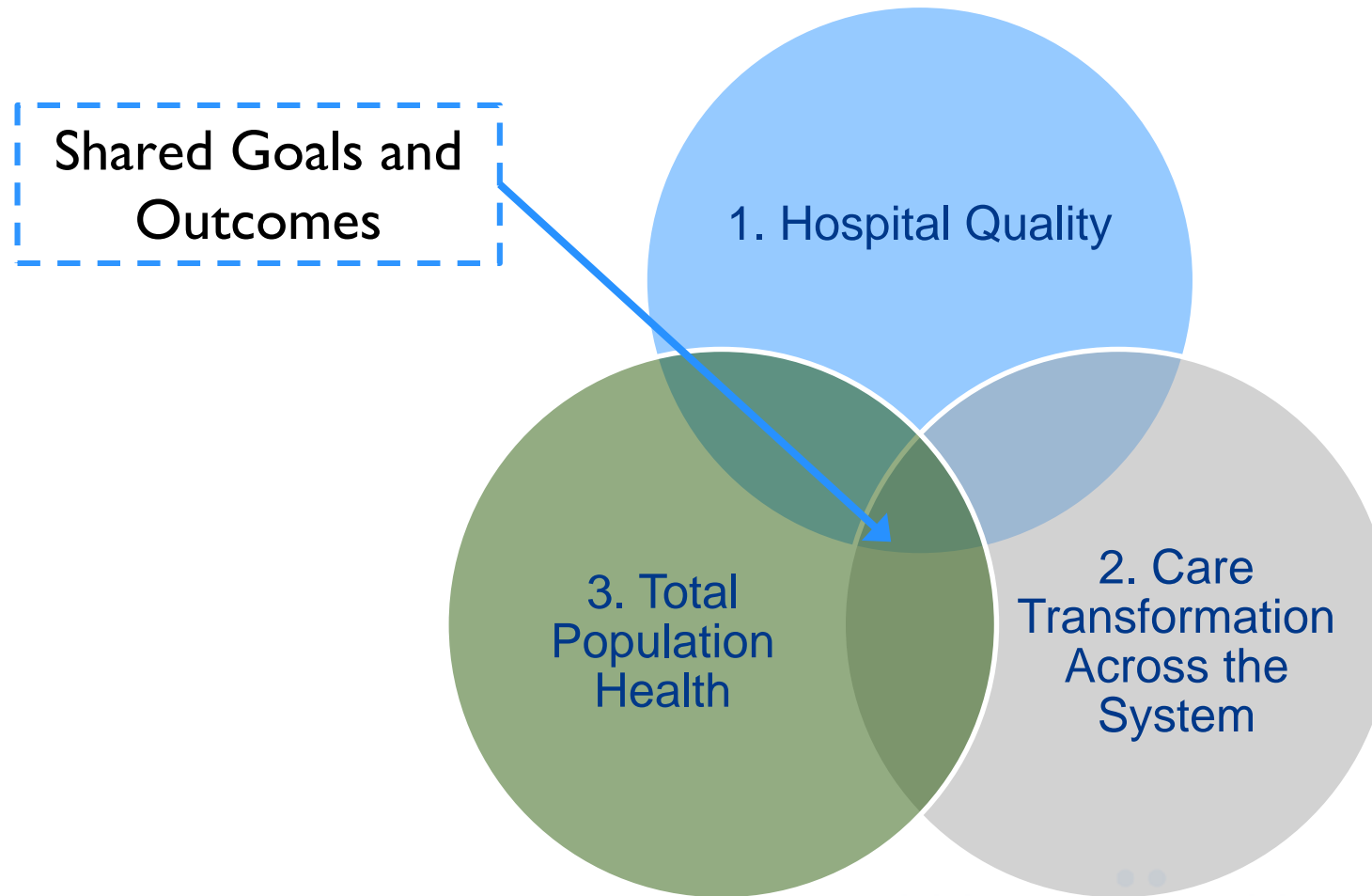
## Implications

- SIHIS results will be used to demonstrate Maryland’s ability to improve population health under the TCOC Model.
- Maryland’s SIHIS performance will be an important consideration in CMMI’s

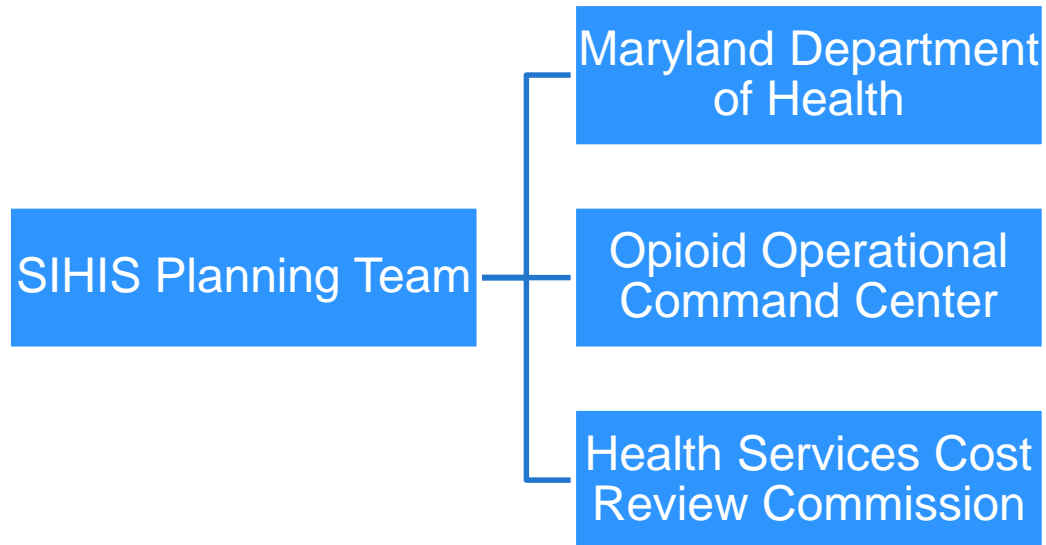
# Statewide Integrated Health Improvement Strategy

- In December 2019, Maryland & CMS signed a Memorandum of Understanding (MOU) agreeing to establish a Statewide Integrated Health Improvement Strategy.
- This initiative is designed to engage State agencies and private-sector partners to collaborate and invest in improving health, addressing disparities, and reducing costs for Marylanders.
- The MOU requires the State to propose goals, measures, milestones and targets in three domains by the end of 2020.
- The MOU must be signed by the Governor, MDH Secretary, and HSCRC Chair.
- CMMI insists that for the Maryland TCOC Model to be made permanent, the State must:
  - Sustain and improve high quality care under the hospital finance model
  - Achieve annual cost saving targets
  - Set goals, targets, milestones and achieve progress on the Statewide Integrated Health Improvement Strategy

# Domains of Maryland's Statewide Integrated Health Improvement Strategy



# Broad work plan



- **Domain 1 – Hospital Quality**
  - HSCRC's Performance Measurement Work Group
- **Domain 2 – Care Transformation Across the System**
  - HSCRC's Performance Measurement Work Group
  - HSCRC's Total Cost of Care Work Group
- **Domain 3 – Total Population Health**
  - Diabetes: Maryland Department of Health (MDH) Diabetes Workgroup
  - Opioids: Maryland Opioid Operational Command Center (OCCC) Opioids Workgroup
  - Maternal & Child Health: Maryland Department of Health (MDH) MCH Expanded Task Force

# Domain 1: Hospital Quality

- Goal: Reduce avoidable admissions and readmissions\*

Measure	2018 Baseline	2021 Year 3 Milestone	2023 Year 5 Interim Target	2026 Year 8 Final Target
AHRQ Risk-Adjusted PQIs	1335 admits per 100,000**	8 percent improvement	15 percent improvement	25 percent improvement
Readmission Disparity Gap	TBD	Establish and monitor a measurement methodology and payment incentive for reducing within hospital readmission disparities and set a 2023 and 2026 target	TBD	TBD

\*Maryland will pursue expanding the definition of avoidable inpatient stays to the emergency department and may set targets for reductions in avoidable ED visits in the future.

\*\*This all-payer baseline rate for MD residents was run using HSCRC case-mix data under PQI v2020. The baseline rate will be updated with new PQI versions to ensure measure accounts for new codes and changes in clinical logic overtime.

# Domain 2: Care Transformation Across the System

- Goal: Improve care coordination for patients with chronic conditions

Measure	2018 Baseline	2021 Year 3 Milestone	2023 Year 5 Interim Target	2026 Year 8 Final Target
Timely Follow-up After Acute Exacerbations of Chronic Conditions^ (NQF# 3455)	71.59%	72.43% 1.17 percent improvement	73.28% 2.35 percent improvement	75.00% 4.76 percent improvement or 0.50 percent better than the national rate

- Goal: Increase the amount of Medicare TCOC **OR** number of Medicare beneficiaries under Care Transformation Initiatives (CTIs), the Care Redesign Program (CRP), or successor payment models\*

Measure	2018 Baseline	2021 Year 3 Milestone	2023 Year 5 Interim Target	2026 Year 8 Final Target
TCOC Under CTI	\$0	25% of Medicare TCOC under a CTI or CRP or successor payment model	37% of Medicare under a CTI or CRP or successor payment model	50% of Medicare TCOC under a CTI or CRP or successor payment model
Benes Under CTI	0	15% of Medicare Beneficiaries covered under a CTI or CRP or successor payment model	22% of Medicare Beneficiaries covered under a CTI or CRP or successor payment model	30% of Medicare Beneficiaries covered under a CTI or CRP or successor payment model

^Medicare Only based on CCLF data. Maryland will pursue adding and setting goals for additional payers (e.g., Medicaid) and expanding the conditions evaluated (e.g., follow-up after mental health hospitalization).

\*Maryland will pursue adding additional payers (e.g., Medicaid) as data becomes available about care transformation activities.

# Domain 3a: Total Population Health - Diabetes

- Goal: Reduce the mean BMI for adult Maryland residents

Measure	2018 Baseline	2021 Year 3 Milestone	2023 Year 5 Interim Target	2026 Year 8 Final Target
Mean BMI in the population of adult Maryland residents	State mean BMI for 2018	<p>Identify the cohort of states that will serve as the control group to measure progress. Enter into DUAs if necessary.</p> <p>Launch the Diabetes Prevention and Management Programs track of the HSCRC Regional Partnership Catalyst Grant Program.</p> <p>Incorporate a quality measure for all MDPCP practices requiring BMI measurement for all patients, and for patients with an elevated BMI, requiring documentation of a follow-up plan (applying inclusion/exclusion criteria from MIPS measure 128).</p> <p>Expansion of CRISP Referral Tool to Regional Partnerships to increase patient referrals for Diabetes Prevention Programs</p>	Achieve a more favorable change from baseline mean BMI than a group of control states	Achieve a more favorable change from baseline mean BMI than a group of control states

Mean BMI will be determined using the results of the Behavioral Risk Factor Surveillance System (BRFSS).



# Domain 3b: Total Population Health - Opioids

- Goal: Improve overdose mortality in Maryland\*

Measure	2018 Baseline	2021 Year 3 Milestone	2023 Year 5 Interim Target	2026 Year 8 Final Target
Annual change in overdose mortality as compared to a cohort of states with historically similar overdose mortality rates and demographics	Age-adjusted death rate of 37.2/100,000	<p>Implement SBIRT in 200 MDPCP practices by the end of 2021</p> <p>Increase the number of screenings and brief interventions performed by MDPCP practices from the baseline of 2019 (first year of the program) to 2021</p> <p>Identify the cohort of states that will serve as our control group to measure progress. Enter into DUAs if necessary</p> <p>Launch Behavioral Health Crisis Programs track of the HSCRC Regional Partnership Catalyst Grant Program</p>	Achieve a more favorable trend in overdose mortality rate as compared to the weighted average of control states	Achieve a more favorable trend in overdose mortality rate as compared to the weighted average of control states

\*As compared to a cohort of states in the control group  
 Maryland will utilize Centers for Disease Control data that measures age-adjusted overdose rates based on ICD-10 codes

## Domain 3c: Total Population Health – Maternal and Child Health *Still Under Review*

- Goal: To decrease asthma-related emergency department (ED) visit rates for ages 2-17

Measure	2018 Baseline	2021 Year 3 Milestone	2023 Year 5 Interim Target	2026 Year 8 Final Target
Annual ED visit rate per 1,000 for ages 2-17	9.2 ED visit rate per 1,000 for ages 2-17	Obtain Population Projections; Development of Asthma Dashboard; Regional Partnership Catalyst Grant for MCH, if funding available; Asthma-related ED visit is a Title V State Performance Measure and shift some of the Title V funds for Asthma interventions	Aim for achieving a rate reduction from 9.2 in 2018 to 7.2 in 2023 for ages 2-17	Aim for achieving a rate reduction from the 9.2 in 2018 to 5.3 in 2026 for ages 2-17

## Domain 3c: Total Population Health – Maternal and Child Health *Still Under Review*

- Goal: To decrease severe maternal morbidity rate stratified by race and ethnicity

Measure	2018 Baseline	2021 Year 3 Milestone	2023 Year 5 Interim Target	2026 Year 8 Final Target
Severe Maternal Morbidity Rate per 10,000 delivery hospitalizations stratified by race and ethnicity	White NH SMM rate: 184 per 10,000 delivery hospitalizations Black NH SMM rate: 328 per 10,000 delivery hospitalization Other : 235 per 10,000 deliveries hospitalization	Re-Launch of the Perinatal Quality Collaborative  Complete Maryland Maternal Strategic Plan  Regional Partnership Catalyst Grant for MCH, if funding available	White NH SMM rate: 164 per 10,000 delivery hospitalizations Black NH SMM rate: 287 per 10,000 delivery hospitalization Other : 210 per 10,000 deliveries hospitalization	White NH SMM rate: 145 per 10,000 delivery hospitalizations Black NH SMM rate: 245 per 10,000 delivery hospitalization Other : 185 per 10,000 deliveries hospitalization

## Next Steps

- MDH, OOCC, HSCRC are accepting written comments from the public from through November 19<sup>th</sup>
  - Comments should be submitted electronically to [hscrc.rfp-implement@maryland.gov](mailto:hscrc.rfp-implement@maryland.gov)
- In the December 9th Commission meeting, staff will review the final proposal details
- Maryland's SIHIS proposal is due to CMS by December 31<sup>st</sup>