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Statewide Integrated Health Improvement Strategy (SIHIS)

Update on Workgroup Progress

November 2020

Written public comments will be accepted from November 5, 2020 – November 19, 2020.
Comments should be submitted to hscrc.rfp-implement@maryland.gov.

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Policy Overview

Policy Objective	Policy Solution	Effect on Hospitals	Effect on Payers & Consumers	Effect on Health Equity
The Total Cost of Care Model aims to improve quality and cost across both hospital and non-hospital settings, including population health improvement and chronic disease management.	The Statewide Integrated Health Improvement Strategy (SIHIS) is designed to engage State agencies and private-sector partners to collaborate and invest in improving health, addressing disparities, and reducing costs for Marylanders.	Hospitals, State agencies, community resources, and other healthcare stakeholders are expected to collaborate on new and expand existing interventions to improve hospital quality, care transformation across the healthcare system, and statewide population health goals.	SIHIS introduces enhanced hospital quality requirements, community-based interventions, and payment models intended to increase access to care, and value of healthcare care services delivered across the state.	SIHIS aligns healthcare stakeholders and encourages cooperative targeting of health areas that disproportionately affect minority communities and have significant disparities.

Overview

The following report is a workgroup update on the *Statewide Integrated Health Improvement Strategy* (SIHIS) that is part of the State's Total Cost of Care Model. Under terms included in the MOU with the Centers for Medicare and Medicaid Services' Center for Innovation (CMMI), the State is required to establish goals, measures, milestones, and targets and perform activities to progressively improve in three "domains" of Maryland's healthcare system: 1) Hospital Quality, 2) Care Transformation Across the System, and 3) Total Population Health. Maryland will develop a comprehensive proposal that includes a plan to achieve progress milestones and population health outcome targets across all three domains by the end of 2026. The proposal will be submitted to CMMI by December 31, 2020. This report summarizes feedback from workgroups led by the Maryland Department of Health (MDH), the Opioid Operational Command Center (OOCC), and the Health Services Cost Review Commission (HSCRC or Commission) on the goals, measures, milestones, and targets that Maryland should include in the proposal to CMMI. While this report is being presented to the members of the HSCRC and to the public, the feedback will ultimately be shared with MDH, OOCC, and HSCRC as the final submission is prepared. Finally, this proposal will be submitted by the Governor, MDH Secretary, and HSCRC Chairman for consideration and approval by CMMI.

Background

The State of Maryland is leading a transformative effort to improve care and lower healthcare spending growth through the Maryland Total Cost of Care (TCOC) Model. The TCOC Model builds on the successes of the All-Payer Model, a 5-year demonstration project with the Centers for Medicare and Medicaid Services' Center for Innovation (CMMI) that established global budgets for hospitals and ended December 31, 2018. In 2019, the State of Maryland launched the TCOC Model with the goal of "testing whether statewide healthcare delivery transformation, in conjunction with population-based hospital payments, improves population health and care outcomes for individuals, while controlling the growth of Medicare Total Cost of Care."[1] Thus the TCOC Model continued the global budget revenue approach for hospitals and also introduced additional responsibility and flexibility for the State to limit growth of Medicare total cost of care. Given this broader mandate, the State and CMMI recognized that success under the new agreement would require more focus beyond hospital walls.

New specific targets for hospital quality and population health were not included in the TCOC Model agreement in recognition of the broader work and engagement needed to develop goals, measures and targets consistent with this iteration of the Maryland Model. In 2019, the State collaborated with CMMI to establish the broad domains for goals that the State wanted to impact under the Total Cost of Care Model. The collaboration also included an agreed upon process and timing by which the State would submit proposed goals, measures, milestones, and targets to CMMI. As a result of the collaboration with CMMI, the State entered into a Memorandum of Understanding (MOU) that required Maryland to provide a proposal for the Statewide Integrated Health Improvement Strategy (SIHIS) to CMMI by December 31, 2020.

The SIHIS proposal requirements are set in the MOU and require the State to provide at least one goal for each of the three domains. Within each domain, the proposal must also provide a Model Year 3 milestone that will be measured based on CY 2021 data, a Model Year 5 interim target that will be measured based on CY 2023 data, and a Model Year 8 final target that will be measured based on CY 2026 data. The MOU also sets forth guiding principles that Maryland should use to develop SIHIS. These guiding principles include the following:

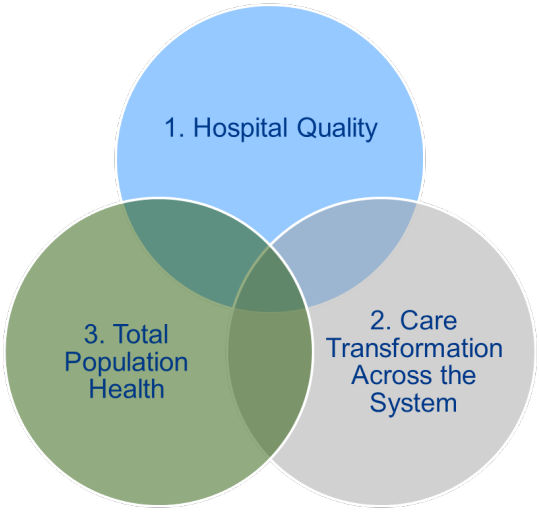
- Maryland's strategy should fully maximize the population health improvement opportunities made possible by the TCOC Model;
- Goals, measures, and targets should be specific to Maryland and established through a collaborative public process;
- Goals, measures and targets should reflect an all-payer perspective;

[1] Maryland Total Cost of Care Model Agreement. https://hscrc.maryland.gov/Documents/Modernization/TCOC-State-Agreement-CMMI-FINAL-Signed-07092018.pdf

- Goals, measures and targets should capture statewide improvements, including improved health equity;
- Goals for the three domains of the integrated strategy should be synergistic and mutually reinforcing;
- Measures should be focused on outcomes whenever possible; milestones, including process measures, may be used to signal progress toward the targets;
- Maryland's strategy must promote public and private partnerships with shared resources and infrastructure.

Using the principles established in the SIHIS MOU, Maryland will continue to expand efforts to transform health care delivery across the State, in conjunction with developing population-based hospital payments, and launching initiatives designed to improve population health and care outcomes for individuals. Collectively these initiatives are intended to improve the overall health of Marylanders while controlling the growth of healthcare costs both in the short and long term.

As part of SIHIS, Maryland's efforts will span three domains that are interrelated and, if addressed successfully, have potential to make significant improvement in not just Maryland's healthcare system but the health outcomes of Marylanders.



- *Hospital Quality* – The establishment of enhanced hospital quality and value-based performance targets that build on historical performance targets to drive continued improvement in care quality.
- *Care Transformation Across the System* – The implementation and measurement of system-wide care transformation activities and the degree to which value-based payment models are being used to improve care quality and reduce costs.

- *Total Population Health* – The identification of key health priorities and the implementation of a statewide approach that mobilizes and integrates public and private resources to improve health outcomes for Marylanders.

Statewide Collaboration

In the third domain, Total Population Health, the Maryland Department of Health (MDH), the Maryland Opioid Operational Command Center (OOCC), and the Maryland Health Services Cost Review Commission (HSCRC), have worked collaboratively with stakeholders to identify opportunities provided by the Total Cost of Care Model to improve population health across the State. MDH and OOCC are leading efforts to reduce impact in three potential key health priorities:

- Diabetes Prevention and Management
- Opioid Mortality
- Maternal & Child Health

MDH is leading efforts to establish the Total Population Health goals and strategies to address diabetes and maternal & child health. In parallel, OOCC is taking the lead in setting goals and strategy to reduce the impact of opioids. Given the separate and distinct nature of these priority areas, CMMI has confirmed that goals, measures, milestones, and targets are expected for *each* Total Population Health priority area.

The Importance of SIHIS

In 2024, CMMI could decide whether to make some or all of the TCOC Model permanent. CMMI insists that for permanency or expansion of the Model to be considered, the State must sustain or improve high quality care under the hospital finance model and achieve annual cost saving targets. Additionally, CMMI has underscored that the State must also set goals, measures, milestones, and targets and achieve progress on its SIHIS initiative as a demonstration of Maryland's ability to improve population health under the TCOC Model. Thus, Maryland's SIHIS performance will be an important consideration in CMMI's decision on the future of the Maryland Model.

SIHIS Workgroup Update

To establish the goals, measures, milestones, and targets for the SIHIS proposal, a broad stakeholder engagement process was developed to include workgroups led by MDH, OOCC, and HSCRC. The goal of these workgroups was to obtain stakeholder input as the State develops its SIHIS proposal. In particular, the groups were tasked with helping to identify goals, measures, milestones, and targets that would be achievable in the SIHIS performance period established by CMMI. Because of this, the workgroups were specifically designed to solicit input from diverse healthcare system stakeholders including hospitals, consumer advocates, health policy experts, payers, physicians, State agencies, and other community-

based healthcare resources. Agency staff from MDH, OOCC, and HSCRC guided detailed discussions with workgroups between July-October 2020 to evaluate options for the SIHIS proposal. Additionally, MDH, OOCC, and HSCRC provided clinical, epidemiological, and statistical expertise to assist the groups in discussions to evaluate the feasibility of widespread improvements across the domains during the SIHIS performance period. This report is intended to provide an update to the Commission and the public on the work of each of the groups.

Domain 1 – Hospital Quality

HSCRC's Performance Measurement Work Group was engaged to get input on the Hospital Quality domain portion of the SIHIS proposal. At the outset, the group recognized the need to make further progress in hospital quality, consistent with broader care coordination and population health aims under the Model. Given this, the group supported an AHRQ endorsed measure of avoidable admissions with targets that reflect what the group believed would be feasible for hospitals to achieve by 2026. Additionally, given the MOU principle to include elements in our proposal that reflect Maryland's commitment to health equity, the group opted to include an additional hospital quality measure focused on reducing the readmission disparity gap. This second measure will take additional time to develop and with CMMI's approval will be finalized in 2021.

Figure 1. ***Goal: Reduce avoidable admissions and readmissions***[2]

Measure	2018 Baseline	2021 Year 3 Milestone(s)	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

[2] 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

HSCRC's Performance Measurement Work Group and HSCRC's Total Cost of Care Work Group were engaged to develop the proposal for Domain #2, Care Transformation Across the System. The groups were asked to respond to the HSCRC staff recommendation for goals, measures, milestones, and targets. The intent was to include both a clinically focused measure of care coordination specifically for patients with chronic conditions, as well as a quantitative measure of the volume of total cost of care or beneficiaries enrolled in value-based payment models. The workgroups came to a consensus on the following areas that would demonstrate Maryland's work to foster care transformation across the healthcare system.

Figure 2. ***Goal: Improve care coordination for patients with chronic conditions***[3]

Measure	2018 Baseline	2021 Year 3 Milestone(s)	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

Figure 3. ***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***[4]

Measure	2018 Baseline	2021 Year 3 Milestone(s)	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
Beneficiaries 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

[3] 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).

[4] Maryland will pursue adding additional payers as data becomes available about care transformation activities.

Domain 3 – Total Population Health

Diabetes Prevention & Management

Diabetes was identified in 2019 as a statewide priority by Maryland State Secretary of Health. Since then, the MDH Center for Population Health Initiatives has led statewide efforts to develop Maryland's "Diabetes Action Plan" and galvanize stakeholders to address Maryland's disturbing trend of approximately 1.6 million Maryland adults who have pre-diabetes and 500,000 Maryland adults in Maryland who have diabetes. [5]

For the diabetes priority area of the SIHIS Total Population Health domain, the MDH Center for Population Health Initiatives formed a Diabetes Workgroup made up of diverse stakeholders with expertise in diabetes prevention and management. The group and its subject matter experts agreed to focus on an "upstream" approach to impact diabetes across the State. This approach would require Maryland to improve overall statewide BMI for adult Maryland residents in comparison to a cohort of states in a control group. Maryland's statewide mean BMI for 2018 will be used as the baseline value. Since elevated BMI is a critical clinical indicator of diabetes risk, improvement in statewide BMI mean could have significant positive implications on the State's diabetes burden. Further, the measurement approach supported by the workgroup to compare Maryland's performance to a cohort of control states would be consistent with Maryland's outcomes-based credit methodology that has already been approved by CMMI.

Figure 4. ***Goal: Reduce the mean BMI for adult Maryland residents***[6]

Measure	2018 Baseline	2021 Year 3 Milestone(s)	2023 Year 5 Interim Target	2026 Year 8 Final Target
Mean BMI in the population of adult Maryland residents	State mean BMI for 2018	Identify the cohort of states that will serve as the control group to measure progress. Enter into DUAs if necessary. Launch the Diabetes Prevention and Management Program track of the HSCRC Regional Partnership Catalyst Grant Program. Incorporate a quality measure for all MDPCP practices requiring BMI measurement for all patients, and for patients with an	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

[5] Maryland Department of Health, Diabetes Action Plan. https://phpa.health.maryland.gov/CCDPC/Pages/diabetes-action-plan.aspx

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

		elevated BMI, requiring documentation of a follow-up plan (applying inclusion/exclusion criteria from MIPS measure 128). Expansion of CRISP Referral Tool to Regional Partnerships to increase patient referrals for Diabetes Prevention Programs.		

Opioid Overdose Mortality

The Lt. Governor convened the Maryland Heroin and Opioid Emergency Taskforce in 2015, which highlighted the opioid crisis as a critical health priority for the state. The crisis was reaffirmed in 2017 when a State of Emergency was declared, standing up the OOCC and establishing the Inter-Agency Heroin and Opioid Coordinating Council which is still in operation today. In 2018, eighty-nine percent of all intoxication deaths that occurred in Maryland were opioid-related with Maryland's age-adjusted opioid death rate at 37.2 per 100,000.[7] SIHIS has thus presented a unique opportunity to continue to reinforce the importance of addressing the opioid crisis in Maryland.

Through the leadership of the OOCC, an Opioids Workgroup was formed and included diverse substance use disorder and mental health experts. The workgroup considered several opioid related measures that could be included in the SIHIS proposal. The group leveraged the OOCC's longstanding work in tracking data on the opioid crisis and the interventions occurring around the State. Ultimately the group coalesced around a goal to improve overdose mortality. The group supported an approach to measure improvement in this area by comparing Maryland's overdose mortality rate during the SIHIS performance period to a cohort of states in a control group. As with the diabetes priority area, this measurement approach was selected to align with Maryland's outcomes-based credit methodology that has already been approved by CMMI.

Figure 5. ***Goal: Improve overdose mortality in Maryland***[8]

Measure	2018 Baseline	2021 Year 3 Milestone(s)	2023 Year 5 Interim Target	2026 Year 8 Final Target

[7] Maryland Behavioral Health Administration. Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2018. https://bha.health.maryland.gov/Documents/Annual_2018_Drug_Intox_Report.pdf

[8] Maryland will utilize Centers for Disease Control data that measures age-adjusted overdose rates based on ICD-10 codes.

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	Implement SBIRT in 200 MDPCP practices by the end of 2021. Increase the number of screenings and brief interventions performed by MDPCP practices from the baseline of 2019 (first year of the program) to 2021. Identify the cohort of states that will serve as our control group to measure progress. Enter into DUAs if necessary. Launch Behavioral Health Crisis Programs track of the HSCRC Regional Partnership Catalyst Grant Program.	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

Maternal & Child Health

As part of the Total Population Health domain of SIHIS, Maryland had the option to identify a third health priority area. Under the leadership of MDH, maternal and child health is being considered as the third priority area to be included in SIHIS Domain 3. Consistent with the MOU guiding principle to select goals, measures, and targets that are all-payer in nature, this priority area was deliberately considered even though it is not Medicare focused. The selection of maternal and child health as a priority area reflects its importance in the State given the longstanding history of disparities and the large potential for improvement.

MDH's Maternal & Child Health Bureau formed a work group by first tapping into the existing Maternal & Child Health Task Force that was created under the 2019 legislative mandate in House Bill 520/Senate Bill 406. The Task Force was then expanded to include additional clinical, academic, payer, hospital, and community stakeholders from around the State. The group is considering two potential goals. The first potential goal would focus on maternal health by addressing severe maternal morbidity (SMM). In 2018, there were 62,423 delivery hospitalizations and 1,508 SMM events for women ages 12-44 with a delivery diagnosis. Many of these events are preventable and thus the addition of SMM to SIHIS could result in significant focus and ultimately improvement in this area that has a longstanding history of racial/ethnic disparities. The second potential area under consideration would focus on a childhood asthma-related emergency department (ED) goal. In 2018, there were 10,974 asthma-related ED visits for ages 2-17 in Maryland with asthma being the primary diagnosis. Childhood asthma has been a longstanding priority for

MDH and is another area where significant racial/ethnic health disparities exist in terms of ED visits. This too suggests a significant opportunity for Maryland to improve. The goal areas are being evaluated for inclusion in the SIHIS proposal to CMMI and will be finalized by the end of November 2020.

Figure 6. ***Goal: To decrease severe maternal morbidity rate stratified by race and ethnicity***

Measure	2018 Baseline	2021 Year 3 Milestone(s)	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. Launch 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

Figure 7. ***Goal: To decrease asthma-related emergency department 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. Launch 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

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Next Steps

The Maryland Department of Health, the Opioid Operational Command Center, and the Maryland Health Services Cost Review Commission are soliciting public comments on the SIHIS goals, measures, milestones, and targets. Written public comments will be accepted from November 5th through November 19th. Organizations or individuals that provide written comment will also have the option to provide verbal testimony in the December HSCRC public meeting before the SIHIS proposal is submitted to CMMI. Questions and written comments should be submitted to the HSCRC via email at hscrc.rfp-implement@maryland.gov. The HSCRC will then share pertinent comments with MDH and OOCC for consideration as well.