Maryland
Hospital Association

December 12, 2016

Dr. Howard Haft
Deputy Secretary of Public Health Services
Department of Health & Mental Hygiene
201 West Preston Street – 2nd Floor
Baltimore, Maryland 21201-2399

Dear Dr. Haft:

On behalf of the Maryland Hospital Association's (MHA) 64 member hospitals and health systems, we appreciate the opportunity to comment on the draft Population Health Improvement Plan for the State of Maryland. Given the short time we have had to review this draft, we will focus our comments on the interaction between this plan and the All-Payer Model Progression blueprint that will soon be submitted to the Centers for Medicare and Medicaid Services (CMS). As the Population Health Improvement Plan notes, the success of the next phase of the All-Payer Model requires an enhanced focus on the total cost of care and improving health performance outside of hospitals, which will "depend on robust public-private collaboration and the leveraging of existing resources across the public health, social services and particularly the primary care arenas. These efforts will require providers/payers to address social determinants of health, promote community-based care and utilize the highest value setting."

Toward that end, the Population Health Improvement Plan has identified five health improvement priority areas, and identified a series of both short-term and long-term measures designed to demonstrate successful outcomes in each. While we appreciate and support the aspirational nature of many of the proposed goals and metrics, we believe that the success of our All-Payer Model will demand a greater focus on evidence-based activities that will have greater impact in the short term. We therefore recommend the following:

Focus. The plan's metrics should more closely align with the priority being given to the high-risk/high-cost Medicare population under the All-Payer Model. Initiatives that focus on the health of Maryland's seniors, particularly in the areas of hypertension, smoking and obesity, as well as a focus on the unique behavioral health needs of that population, should therefore receive attention and resources. Many of the metrics included in Vermont's All-Payer ACO model provide relevant examples of health care delivery system quality metrics and process metrics that could be emphasized in the short term.

Funding/Net Savings Analysis. We are concerned that, even though the plan specifically notes the difficulty of determining a financial return on many of the population health improvements initiatives, especially those that are more long-term, a good portion of the document is devoted to providing a Net Savings Analysis. While the suggested net savings and return on investment for

many of the cases studied appear to focus heavily on reductions in hospital avoidable utilization, they seem to ignore the way in which global budgets under the All-Payer Model, as well as the fixed/variable cost nature of hospital budgets, would impact the suggested net savings. As a result, we recommend that this section of the document be eliminated or significantly modified. We suggest leaving that analysis to the "Future Design Work" described in the final section of the plan.

Similar to the All-Payer Model Progression Plan being submitted to CMS this month, we believe that many of the details surrounding implementation of the proposed Population Health Improvement Plan require further discussion. We look forward to working with you and others engaged in the development of this plan to move this important vision forward.

Sincerely,

Michael B. Robbins
Senior Vice President