

Introduction

Background and Purpose

The Secretary of the Maryland Department of Health (MDH) has requested a Stakeholder Innovation Group (SIG) be formed to facilitate the sharing and development of stakeholder ideas that can accelerate health system transformation efforts in support of the state's All-Payer Model and the progression toward the Enhanced Total Cost of Care Model. Fundamental to this work is the development of an inventory of current innovative care redesign/payment initiatives. Once collected and assessed, innovations may be spread and could inform the potential for broader adoption of new programs under Maryland's model. The goal is to create a baseline inventory of current efforts and measure progress toward the state's stated goals in the Enhanced Total Cost of Care Model over time.

Guidance on Submitting Your Innovative Programs

We are interested in receiving submissions from a wide range of hospitals, health systems, clinicians, and their partners. Consider submitting what you see as a handful of your most innovative programs focused on improving population health and reducing costs. These programs may be part of national initiatives (e.g., Accountable Care Organizations) or may be "home grown." We are interested in programs that have an associated payment model, as well as those that do not. We anticipate that most programs will have been developed since the start of the All Payer Model in 2014, but innovative programs that have been in place longer are also of interest.

Program Overview

* 1. Name of program

* 2. Point of contact

Name

Organization

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

* 3. Please provide a brief description of the program:

Program Overview

* 4. What are the objectives of the program? (Check all that apply)

- Improved care coordination
- Improved health outcomes
- Reductions in health disparities
- Reduced readmissions
- Increased use of preventive and primary care
- Reduced utilization of post-acute care
- Reduced transitions from post-acute care/long-term care
- Reduced avoidable utilization
- Reduced spending
- Other (please specify)

5. When was the program operational?

Start date

End date (leave blank if still in operation)

* 6. What is the primary source of funding for the program?

- Internal funds/investments
- Hospital community benefit
- State grant
- Private/non-profit grant
- Other (please specify)

Program Overview

* 7. Please describe the innovation program's alignment with Maryland's goals and needs.

Maryland's goals:

- Effective care management and population health activities
- Improvement in care for high and rising risk populations
- Providing high quality, efficient, well-coordinated episodes of care
- Monitoring and moderating the growth in Medicare beneficiaries' Total Cost of Care (TCOC)

* 8. Is this program operated as part of HSCRC's Care Redesign Amendment?

- Yes, Hospital Care Improvement Program (HCIP)
- Yes, Complex & Chronic Care Improvement Program (CCIP)
- No
- I don't know

Information on the Care Redesign Amendment can be found [here](#).

* 9. Which Center for Medicare and Medicaid Innovation (CMMI) category does (or would) the program fall under? Choose the best match.

- | | |
|---|--|
| <input type="radio"/> Accountable Care | <input type="radio"/> Initiatives Focused on the Medicare-Medicaid Enrollees |
| <input type="radio"/> Episode-based Payment Initiatives | <input type="radio"/> Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models |
| <input type="radio"/> Primary Care Transformation | <input type="radio"/> Initiatives to Speed the Adoption of Best Practices |
| <input type="radio"/> Initiatives Focused on the Medicaid and CHIP Population | |

Please briefly explain your answer:

Descriptions of the CMMI categories can be found on [this page](#). Click on "Category Descriptions."

Program Design and Implementation

10. What are the major components of the program? (Check all that apply)

- Care coordination/management
- Patient assessment tools
- Care transitions
- Patient education/coaching/self-management
- Multidisciplinary care teams
- Patient care plans
- Advance care plans/advance directives
- Community health workers
- Interventions to address social determinants of health
- Protocols/agreements with care partners
- Telehealth/connected patient technologies
- Risk stratification
- CRISP tools (e.g., Encounter Notification Service)

Other (please specify)

* 11. What types of organizations participate in the program? (Check all that apply)

- Physicians' office (specialty)
- Physicians' office (primary care)
- Hospital/health system
- Skilled nursing facility
- Home health care
- Rehabilitation center
- Hospice
- Behavioral health provider (e.g., mental health and/or substance abuse)
- Non-clinical setting
- Other (please specify)

12. Please identify the specialty or specialties:

Program Design and Implementation

* 13. Which population(s) does the program target? (Check all that apply)

- Medicare/older adults
- Medicaid
- Dual eligibles (Medicare-Medicaid enrollees)
- Privately insured
- Individuals with multiple chronic conditions
- Individuals with one specific chronic condition
- Frail/disabled
- Younger adults
- Children
- Other (please specify)

* 14. How many patients have participated in the program to date?

15. In what Maryland jurisdictions do participating patients reside? (Check all that apply)

- Allegany
- Anne Arundel
- Baltimore
- Baltimore City
- Calvert
- Caroline
- Carroll
- Cecil
- Charles
- Dorchester
- Frederick
- Garrett
- Harford
- Howard
- Kent
- Montgomery
- Prince George's
- Queen Anne's
- Saint Mary's
- Somerset
- Talbot
- Washington
- Wicomico
- Worcester
- Participation also includes non-Maryland residents

16. Which specific chronic condition does the program target?

- Diabetes
- Cardiovascular disease
- Respiratory disorders (e.g., COPD)
- Cancer
- Other (please specify)
- Stroke
- Mental health and/or substance abuse
- Alzheimer's disease and other dementias

Program Design and Implementation

* 17. Briefly describe the staffing resources required to operate the program:

18. Briefly describe the key initial steps to implementation:

* 19. What types of quality measures are used in the program? (Check all that apply)

- Cost/utilization measures
- Process of care measures
- Patient outcome measures
- Patient experience/satisfaction measures
- Other (please specify)

* 20. Are incentive payments to health care providers part of the program?

- Yes
- No
- I don't know

21. Which incentive type(s)? (Check all that apply)

- Shared savings
- Bundled payments
- Bonus payments
- PMPM payments
- Shared resources (e.g., IT infrastructure)
- Other (please specify)

22. What is the primary funding source of the incentive payments?

- Internal funds (e.g., hospital revenue)
- CMS
- Private health plan
- Other (please specify)

23. Does the innovation program qualify as a CMS Advanced Alternative Payment Model (APM)?

- Yes
- No
- Under consideration by Department of Health and Human Services
- I don't know

Please briefly explain your answer:

Information on which programs qualify as Advanced APMs can be found [here](#).

* 24. What are/were the expected results in improved outcomes, population health, and cost savings?

* 25. Have expected results for improving outcomes and population health been met?

- Yes, expected results were achieved
- Results are expected but not yet achieved
- Some of the expected results were achieved
- No, expected results were not achieved

26. Please briefly explain your answer to Question 25, and describe any results for improved population health achieved to date:

* 27. Have expected results for cost savings been achieved?

- Yes, expected results were achieved
- Results are expected but not yet achieved
- Some of the expected results were achieved
- No, expected results were not achieved

28. Please briefly explain your answer to Question 27, and describe any cost savings results achieved to date:

29. Please provide URLs to any published evidence (e.g., peer-reviewed literature, white papers, etc.)