

Stakeholder Innovation Group

Progress Report

June 2018

This progress report of the Stakeholder Innovation Group (SIG), a stakeholder-led group convened at the request of the Maryland Health Secretary, highlights the work the group has accomplished, identifies focus areas for the future, and offers recommendations for all stakeholders, including the State.

Three overarching themes emerged during the course of several meetings and correspondence among SIG members:

- **Innovation is happening.** In the early stages of building a statewide innovation inventory, the SIG has received more than 200 submissions and looks forward to a statewide summit in the fall to highlight the most promising initiatives and promote their expansion.
- **Additional tools will be needed to fully realize this vision.** The Care Redesign Amendment, for example, is insufficient to achieve the statewide alignment needed to ensure success under the Total Cost of Care (TCOC) Model. New tools must be flexible and achievable.
- **Success requires a whole person approach.** Recognizing that non-medical needs often drive health care utilization as much as medical needs, a sustained focus on developing systems of non-medical care will be critical. While health care providers do and will continue to play a role in addressing the social drivers impacting health and well-being, any given health care provider cannot do this alone. Meaningful change will take commitment from non-health care organizations, government, and others.

Carrying out the initial recommendations of the SIG will require a significant amount of work over the next several months. The group proposes to reconvene in the fall to discuss progress on the recommendations and how it might help further support the Total Cost of Care (TCOC) Model.

Stakeholder Innovation Group Process

From February 5th to April 26th, the group met five times, focusing on the following activities:

- **Creating an inventory of Maryland care delivery innovations**
 - o Developing and releasing the Innovation Survey broadly across stakeholder groups
 - o Analyzing the results of over 200 submissions
 - o Informing multiple strategies to share innovations and promote dissemination, including the launch of a website and Innovation Summit in the late fall
- **Identifying high opportunity strategies to support population health and TCOC goals**
 - o Extensive data analysis, including review of Medicare-specific utilization, admissions for conditions typically treated in the community, post-acute care savings opportunities, and opportunities for bundled payments
- **Developing initial recommendations to the Secretary's Vision Group** which considered:
 - o Existing program(s) scale and outcomes to date
 - o Engaged providers/care settings
 - o Necessity of payment model to generate improvement
 - o Current implementation authority under the Care Redesign Program and forthcoming Enhanced TCOC model contract and respective time to approval

Recommendations and Priority Issues

The group reached consensus on the following initial recommendations:

1. **The State should seek federal approval of bundled payment programs through:**
 - Hospital-led effort to create a new Care Redesign track for January 2019 modeled after the federal Bundled Payments for Care Improvement – Advanced (BPCI-A) program; and
 - Multi-stakeholder effort to develop a New Model Program for non-hospital conveners. Note, this approach will be on a longer approval track and would require some level of downside risk.
2. **Collaboration across the continuum of care should be strengthened with data and tools that will support:**
 - Smooth transitions and enhanced information exchange
 - Strong outcomes at the appropriate level of care
 - Caregiver and family support with connection to social services.

The group also discussed the following concerns:

- **Regulatory burden.** There is concern that Maryland is being compelled to create its own CMS models underneath the current All-Payer Model and forthcoming TCOC Model. This may be unnecessary or redundant work, and the State should advocate for the Centers for Medicare & Medicaid Services (CMS) to develop a “Maryland track” for models they release under the Center for Medicare and Medicaid Innovation’s authority, rather than delay Maryland provider participation while stakeholders and the State develop look-alike models for approval.
- **Limitations of the Care Redesign Amendment.** It is a useful tool to begin the process of provider alignment, but it is insufficient to achieve the statewide alignment needed to ensure success under the TCOC Model.
- **Divergent incentives.** While physicians are eager to participate in alignment activities facilitated by the Medicare Access and CHIP Reauthorization Act (MACRA), no such incentives exist for post-acute care providers. All providers need incentives for there to be alignment across the care continuum.

Next Steps

Based on these recommendations, the SIG requests the following actions:

- The Secretary’s Vision Group should endorse an effort to create a third track under the Care Redesign Program modeled after the federal BPCI-Advanced program
- The Health Services Cost Review Commission should work with stakeholders and CMS to gain approval of BPCI-A like track with hospital conveners, with a January 2019 launch
- The Secretary’s Vision Group should endorse a multi-stakeholder led effort to develop a framework for approval of new model programs outside of the scope of care redesign which will allow non-hospital conveners to participate in approved value-based models without requiring a hospital partner
- The State should review the state regulatory framework over these programs and whether changes will be required to ensure there is appropriate oversight of new model programs
- The State should consider pilot programs to relieve regulatory burdens and test new models of care delivery, particularly in the post-acute care environment
- The Chesapeake Regional Information System for our Patients (CRISP) should assist stakeholders in the development of informational reports which can be shared across care settings to inform improvement opportunities and partnerships

Next Steps for the Stakeholder Innovation Group

The SIG recommendations have been constrained by tight deadlines and should not be seen as definitive or complete. The work of provider alignment will need to continue beyond the scope of the SIG and should be focused on flexibility and innovation. In the coming months, the group will continue to promote submissions to the innovation inventory and support the planning for the innovation summit.