Appendix A: Opportunities for Maryland Investment in Care Coordination

Activity	State-level	Regional-level	Local-level	Implementation Strategy
A. Build/secure a data infrastructure to facilitate identification of individuals who would benefit from care coordination. High-level goal: To secure, organize, synthesize, and share data that will support care coordination.				
1. **Top priority: Develop procedures and policies to secure patient consent** for the sharing of data for purposes of care coordination.	X			1. **Top priority for BRFA funds:** Ask CRISP to develop three-part patient consent in standardized format.
2. **Top Priority: Combine existing data sources** for the purpose of identifying individuals who would benefit from care coordination.	X			2. **Top priority for BRFA funds:** Provide financial support to CRISP to create, for example, high-utilizer report from Hospital Case Mix and ENS data and attribute patients to PCPs.
3. **Top Priority: Secure new data sources**. Specifically, request the use of Medicare patient-level data for the purpose of identifying individuals who would benefit from care coordination and chronic care management.	X			3. **Top Priority:** MHA to coordinate hospitals to make a special request to CMS, in concert with the State, for access to Medicare data in this form and for this purpose. The theme is to "get it, organize it, synthesize it, and use it."
4. **Engage CRISP to contract with a qualified vendor** to store, clean, and normalize the Medicare data and other Medicare-related data sets Maryland may be able to obtain.	X			4. Use BRFA funds to purchase capabilities from an existing qualified vendor.

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5. Use data to **identify individuals who would benefit from care coordination** and chronic care management; use alert mechanisms to connect these patients to the physicians and hospitals who care for them (e.g. alerts to PCPs when their patients are in the ED or admitted to the hospital. The alerts are set in motion by enrolling providers in the CRISP ENS system)	X			5. Use BRFA funds to secure contractor to convene leaders in developing best possible approaches to stratifying patients, based on needs of hospitals and other providers; attribute patients; and store and view care profiles and HRAs.
B. Encourage patient-centered care. High-level goal: Identify standard elements of care profiles that can be shared; propose future standards for the creation of Individualized Care Profiles.				
1. **Top priority: Provide resources to design basic patient care profiles that are standardized and interoperable; make these profiles readily viewable across the continuum of care: Restated, care profiles should be "doable and viewable"** after establishment, to facilitate implementation and monitor ongoing use.	X			**1. Top priority for BRFA funds:** Create patient care profiles in standardized format. • **First priority:** the approximately 40,000 highest-needs Medicare FFS patients. • **Second priority:** additional patients who would qualify for providers to get federal CM payments for care management, many of whom will also be included in the First Priority
2. Standardize health risk assessment elements	X			2-3. **High priority for BRFA Funds:**

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3. Standardize elements in discharge summaries to aid transitions to long-term and post-acute care (LTPAC) providers as well as home-based settings.	X			Use BRFA funds to secure contractor to convene providers and create health risk assessments, and care profile elements; these profiles should be readily understandable to the patient. The information in the profiles could be made available "along the highway" connecting different providers across a continuum of care.
4. Develop approach to identify patients with care plans through CRISP, together with identification of care managers and providers. Set up process for learning, monitoring, and managing the system to determine the effectiveness of this effort over time, and make needed adjustments.	X			4. Use BRFA funds to have CRISP create easily visualized access to care plan data elements. A care coordination team needs this information to help keep patients out of the hospital. These care coordinators should have information about social services as well as medical services that the patient may need.
C. Encourage patient engagement.				
1. Lead a state-level campaign to encourage individuals to 1) participate in care plans and 2) complete and share medical orders for life-sustaining treatment.	X			1. State and county health departments lead state-level campaign for engaging patients and families in care planning and consents, together with consumer groups and other stakeholders.
2. Educate patients about care coordination resources and opportunities.	X		X	2. Health departments can play a lead

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				role in educating patients and convening local leaders; the HSCRC, consumer groups , MHA, MedChi, and Health Departments can lead statewide education campaigns. Hospitals and physicians can help educate patients. In addition, patient self-activation is very important so that patients can become their own managers.
D. Encourage collaboration.				
1. **Top priority: Facilitate somatic and behavioral health integration.**		X		1. **Top priority for BRFA funds.** BRFA funds can provide financial support for planning approaches.
2. **Top Priority:** Facilitate care integration between hospitals and long-term care/ post-acute services	X			2. **Top priority for BRFA funds.** Use BRFA funds to develop approaches to care integration that can be deployed on a regional and local level.
3. Facilitate collaborative relationships among providers, patient advocates, public health agencies, faith-based initiatives and others with a particular focus on resource planning, resource coordination, and training.	X			3. Use BRFA funds to provide regional planning resources, including technical resources to support regional planning efforts. Make the DHMH web-based inventories of community service more accessible across the State.

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4. Develop processes to avoid duplication of resources across provider systems, including coordination of resources for health risk assessments.		X	X	4. Work with DHMH to create web-based inventories of community services available in the State. Use BRFA regional planning processes to avoid duplication of resources.
5. Support practice transformation through technical assistance and dissemination of information on best practices.	X			5. Use practice transformation grant funding (applied for)
6. **Top priority:** Create standard gain sharing and pay for performance programs.	X			6. **Top priority for BRFA funds:** Use BRFA funds to develop standard approaches to pay for performance and gain sharing opportunities in Maryland. Work in coordination with MHA approach for hospital-based services and the establishment of gain sharing programs between hospitals and ambulatory providers focused on high-risk patients.
7. Encourage providers to take advantage of new Medicare Chronic Care Management payments.	X			7. Use practice transformation grant funding (applied for) to implement.
E. Connect providers.				
1. Call on CRISP to connect community-based providers to CRISP.	X			1-4. Funding source TBD.
2. Call on CRISP to connect long-term and post-acute providers (LTPAC) to CRISP. Develop approaches to meet needs of LTPAC.	X			
3. Purchase/develop applications to facilitate interoperability among providers' EMRs to make clinically relevant information available to providers	X			

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4. Coordinate the effort to use Medicare data with initiatives to use EMR data, information on high-needs patients in Medicaid and private plans for population health and outcomes measurement.	X			