

Physician Alignment and Engagement Report Work Plan

June 25, 2014

HSCRC Health Services Cost

Review Commission

Potential Options

- The HSCRC could serve as a catalyst to encourage the hospital industry, providers, and providers to consider ways to:
 - share infrastructure, analytics, and other resources;
 - improve reporting between and for hospitals and providers;
 - make the practice of medicine more efficient for providers; and
 - promote broad awareness of the objectives of the new model financial incentives promoting it and the various types of programs designed to support it.
- HSCRC serve as catalyst for hospitals, physicians, and other providers to work collaboratively toward models that are consistent with the goals of the Three-Part Aim and the new All-Payer Model.

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Potential Options (continued)

- HSCRC should work with the field to pursue confirming with CMS/OIG (and/or other appropriate regulatory bodies) the ability of Maryland hospitals to pursue pay-for-performance models, without additional regulatory approval.
- The Maryland Hospital Association and MedChi work collaboratively to pursue a New Jersey type physician incentive model that is modified to be consistent with the goals of the new All-Payer Model (with input and advocacy from the HSCRC).
- The HSCRC should work with the State and key stakeholders to pursue a Maryland-specific ACO-like or Integrated Share Savings Organization (ISSO) option, which would require infrastructure development and regulatory approval, and provide Maryland with increased flexibility in the development of a default model for beneficiaries not in ACOs, Medicare Advantage, or other CMS demonstration projects.

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Potential Options (continued)

- HSCRC should serve as catalyst for encouraging and expanding alignment models across all payers, and consistency regarding incentives, including working with stakeholders to determine if legislative or regulatory changes are necessary to achieve the options above and to sponsor or promote those changes, as appropriate.
- HSCRC should serve as catalyst for encouraging models that are possible today (e.g., Primary Care Medical Homes and pay for performance enhancements to fee-for-service and salary models), while pursuing broader population-based models (e.g., ISSO) that require regulatory approvals and additional infrastructure development.

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Report recommendations – 2 major categories

Alignment

- Coordination w/Stakeholder led efforts
- Develop request on P4P
- ISSO model development
- Provider Education and Outreach
- Multi-payer strategies/legal barriers

Care Coordination

- Identify Care Coordination Opportunities
- Relationship to SIM
- Relationship to Alignment
- Access to Medicare Data for care coordination
- Define specific use cases: organizations and individuals w/data needs; data elements needed
- Analytic resource needs, predictive modeling tool(s)
- Data sharing policies

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Care Coordination Recommendations -Work Plan

Month	June	July	August	September	October	November	December	2015 Q1
Care Coordination								
Identify Care Coordination						WG		
Opportunities						Report		
						WG		
Care Coordination Strategies						Report		
Relationship to Alignment							WG	
Strategies					WG Input		Report	
							WG	
Care Coordination Infrastructure							Report	
Statewide or Regional Care								
Coordination/SIM		State SIN	Л Proposa	al Due				
Medicare Care Coordination Data	Ongoing							
	0 0					Progress		
Define Medicare Data Use Cases						Rpt		Report
Care Coordination Data Sharing						Progress		
Strategy				Policy Gap	Analysis	Rpt		Report

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Alignment Recommendations – Work Plan

Month	July August	September	October	November	December	2015 Q1
Alignment			Mtg			Mtg
*Physician Alignment						
*Coordinate w/Stakeholder Led Efforts (MHA/Medchi)	Industry Education		Industry decision		Plan	
*Develop request on P4P	Background work		Subgrp Rpt			Proposal
*ISSO Model Development	Background work		Subgrp Rpt			Proposal
Provider Outreach and Education	Ongoing		Update			
Multi-payer strategies and legal, reg barriers	Background work		WG Analysis			Session

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