MEMORANDUM

TO: John M. Colmers, Chair, Health Services and Cost Review Commission

Members, All Payer Hospital System Modernization Advisory Council

Joshua M. Sharfstein, M.D., Secretary, Department of Health & Mental Hygiene

FROM: Maryland Women's Coalition for Health Care Reform

DATE: 20 November 2013

RE: Comments on Maryland's All Payer System Proposal

The Maryland Women's Coalition for Health Care Reform (Coalition) is an alliance of 95 state-wide organizations and thousands of individuals that works collaboratively with our members and partners to ensure Marylanders' full access to the health coverage and care they need and deserve.

The Coalition appreciates the opportunity to provide our perspective on the work of the Advisory Council as it deliberates on Maryland's All Payer System Proposal. We offer comments at the outset of your work with the hope that they will be helpful in both the design of the process and your final recommendations.

At last week's meeting, several members cited the need for a set of core principles. We fully endorse that recommendation and have provided on the attached seven principles for your consideration.

In addition, the following highlights a number of issues we wish to draw to your attentions. A number of these were included in the comments we submitted to Dr. Sharfstein and Mr. Colmers in October.

- **Patient/Consumer/Community Perspective**: We were pleased that Ms Naleppa and Mr. Ransom raised the issue of the lack of representation from the patient and consumer community on the Advisory Council itself. This is a key area of concern for us. One factor in considering this is the fact that the new Model must be patient-centered if Maryland is to advance the Triple Aim. To achieve that the consumer perspective will be critical in identifying effective strategies and incentives.

  Therefore, we urge the Council to ensure that their needs and perspectives are incorporated into analysis of the proposed Model and its design. To support this

in the initial stage we will be providing the names of individuals with requisite expertise for the Work Groups and we will forward those to you in a timely manner.

In addition, to ensure both a transparent process with meaningful public input, we recommend that a permanent consumer and community provider standing committee at the Governor's Office level be established to oversee the final design and implementation of the Model. Precedents for this exist including the Medicaid Advisory Committee and the newly established standing committee for the Maryland Health Benefit Exchange. Integral to its success would be the requirement that State agencies seek input from this committee and the general public.

- **Improvement of Population Health:** Given the direct corollary between strategic investments in public and population health and a reduction in expenditures, it may be helpful to consider two strategies: (1) a multi-stakeholder learning collaborative to identify evidence-based strategies; and (2) implementation of "no wrong door" for all health and social services.

- **Safeguards for Vulnerable Populations:** The proposed Model may impose a financial risk on providers to reduce the total cost of care for patients. This may result in consumers being left without a champion as they attempt to get payers to cover needed treatments. Currently, it is generally the provider that serves as this consumer champion. However, under this proposal, patients may face disagreements with their doctors over a required treatment. In addition, the proposal does not address two key constituencies: (1) Low-income Medicaid enrollees, compared with the general population, are more likely to suffer from multiple chronic conditions and serious mental illness. Further, due to higher incidence of low education levels and English proficiency issues, they are often less able to advocate for themselves; and (2) For Medicare beneficiaries, the prevention of admission to inpatient care or discharge from inpatient care is often complicated by inadequate access to the most effective and person-centered types of care such as home care. The proposal does not adequately describe how these problems will be addressed, raising concerns that this issue will be addressed by shifting cost and care to patients and family members.

  Additional consideration should be given to ensuring that hospitals partner with community-based providers many of whom already have the cultural competence skill sets that are required for vulnerable and hard-to-reach populations. Larger hospital systems may have more difficulty in adapting to the needs of smaller, more specific populations.

- **Consumer Protections:** The proposed Model may result in restricting access without an appeal process. Therefore there needs to be a clear articulation of patient rights and a process for submitting complaints, grievances and appeals.

These safeguards must be in place before changes are made to the waiver. The current avenues for consumer complaints are largely focused on complaints about a carrier's coverage of services or network adequacy.

Under this model, it is not clear if the complaint would be about insurance coverage, inadequate provision of care by a hospital or community provider because of some kind of financial arrangement through an ACO or other model, or inadequate care coordination. There is no single State agency that handles these types of complaints. Even with the existing avenues for consumers to make complaints, we have concerns that these are relatively inaccessible to consumers – especially those who have complex medical and social needs.

- **Robust Evaluation Process:** To ensure stakeholder confidence and regulatory compliance, a robust evaluation process should be developed at the outset. This should include the tracking of issues of concern to consumers, such as denial of care. The draft waiver application gives a general outline of some of the resources that may be available to conduct an evaluation. However, we think we could be helpful in developing a more robust evaluation system, just as we have been involved in data collection and analysis discussions on health equity with the Maryland Health Connection.

The Coalition agrees with those who recognize the value of realigning and reforming the delivery system. In addition, we believe that we have a unique opportunity to leverage implementation of the Affordable Care Act and other State initiatives to effect real and positive change. In considering the proposed Model, we would caution against over-reaching at the outset. Rather we suggest that:

- A reasonable transition period, with analysis at each stage, should be incorporated into the Model proposal.
- Funding for both the transition and full implementation must be sufficient and it must include investments in information technology, patient education and training at multiple levels.
- The implementation timeline be sufficient to allow for coordination with other State efforts, which will reinforce the opportunities for success.

Again, we very much appreciate the opportunity to provide our comments and look forward to working with the Commission and Council as this work proceeds.

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