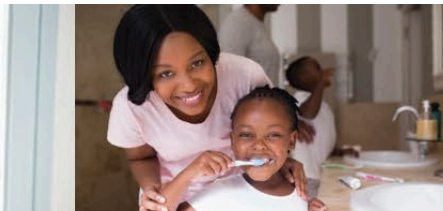




# Summary of Comments

Healthcare Transformation Advisory Committee – Meeting 2



# H-TAC Summary of Comments 1

Topic	Comment
Alignment	Seek for better opportunities to align care management activities across the care continuum through post-acute SNFs, primary care, specialists and insurance companies.
	Patients not being treated in the appropriate care setting/transitioning out of acute care setting at the right time is a problem in Behavioral Health settings
	Increase uniformity across all payers, but should also reflect different populations that we are serving. Commercial payers, in addition to Carefirst and United, who are currently engaged, should be at the table for discussing alignment and all-payer targets.
	Equity framework should drive and inform key areas for the pre-implementation work plans.
Accountability	Offer different forms of accountability based on measuring performance, size of the provider organization and their role in the care continuum.
	Provide more transparency on how financial rewards/penalties influence care redesign and patient experience.
	Build access standards/measures and reward for increasing access.
Workforce	Develop better measures of health care system supply, demand and workforce needs of the future. Determine how we measure success in building the workforce beyond physicians and primary care.

# H-TAC Summary of Comments 2

Topic	Comment
Patient experience	Add patient protections into the system, including measuring access and rewarding providers for improving it. Focus on aligning incentives to have appropriate care at the right time.
	Savings should accrue to patients, including for commercial members through lower premiums. Better tracking the savings to MD residents is needed.
	Engage patients and providers more through surveys to create actionable goals addressing their needs.
Community engagement and collaboration	Accelerate change through partnerships. Programs should encourage/reward partnering/collaboration between providers, communities, etc, which can help providers address patients in overlapping zipcodes, reduce duplication.
	Consider a central database to connect the information from multiple providers, with notes/information from care providers that visit patient homes, like EMTs, physical therapists, home health nurses.
Global budgets	Account for service movement/changes and new measures of efficiency taking into account the progress made in the past.
	Consider looking at health systems as a whole– \$ should follow the patient.
	Account for technology interactions (telehealth, hospital at home, AI, substitution effects between drugs and hospitalizations) so that model does not disadvantage MD hospitals while efficiencies due to new technologies are reflected in the global budgets.
	Use this opportunity to simplify the methods, assess checks and balances the system needs, improve transparency.