Advancing Innovation in Maryland (AIM)

An Ideas Contest

September 26, 2024

About the Presenters

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Christa Speicher is the Deputy Director of Payment Reform at the Health Services Cost Review Commission. Prior to HSCRC, she worked at the Centers for Medicare & Medicaid Services for 12 years and Maryland Medicaid for 5.
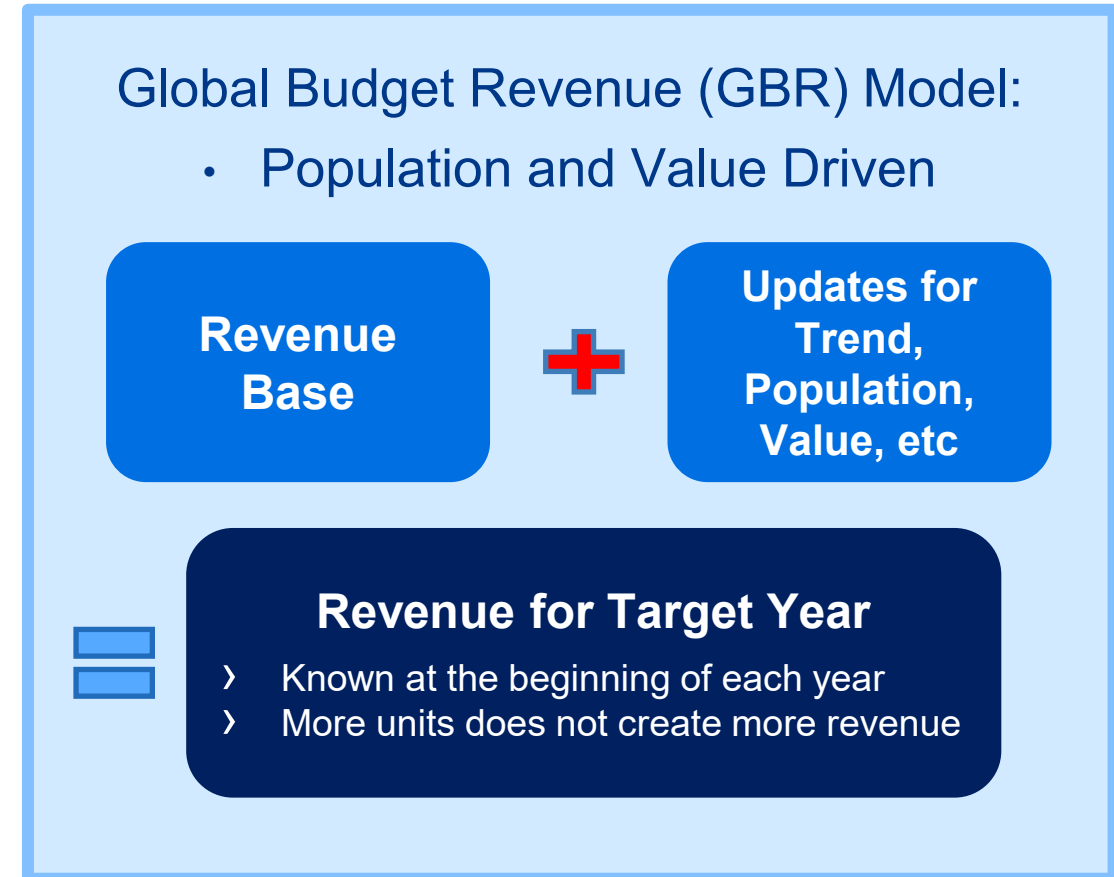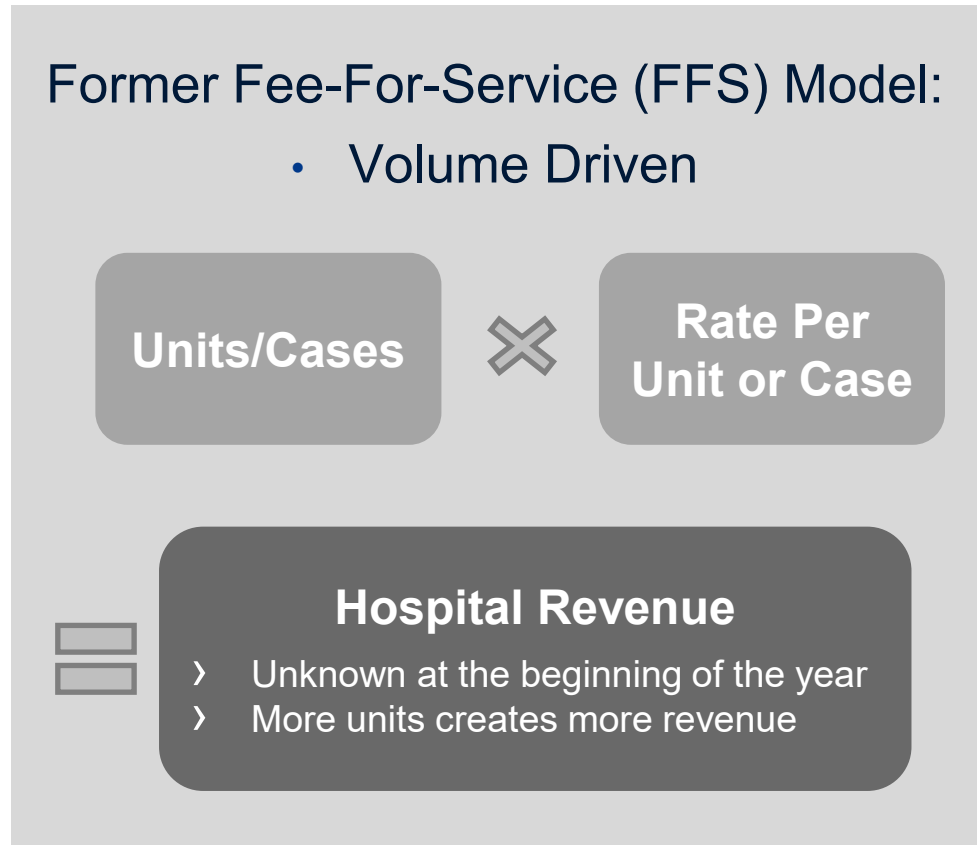
OVERVIEW

THE MARYLAND TOTAL COST OF CARE MODEL

- Maryland was the only state in the nation to set rates for hospitals in 1974; adoption of all-payer hospital global budgets in 2014.

  - Encourages health systems and their partners to pursue innovative approaches to care delivery:
    - Providing care that is coordinated across hospital and non-hospital settings, including mental health and long-term care.
    - Investing resources in patient-centered care teams and advanced primary care.

  - Pays health systems more when patient outcomes are better:
    - Reducing disparities in care and outcomes.
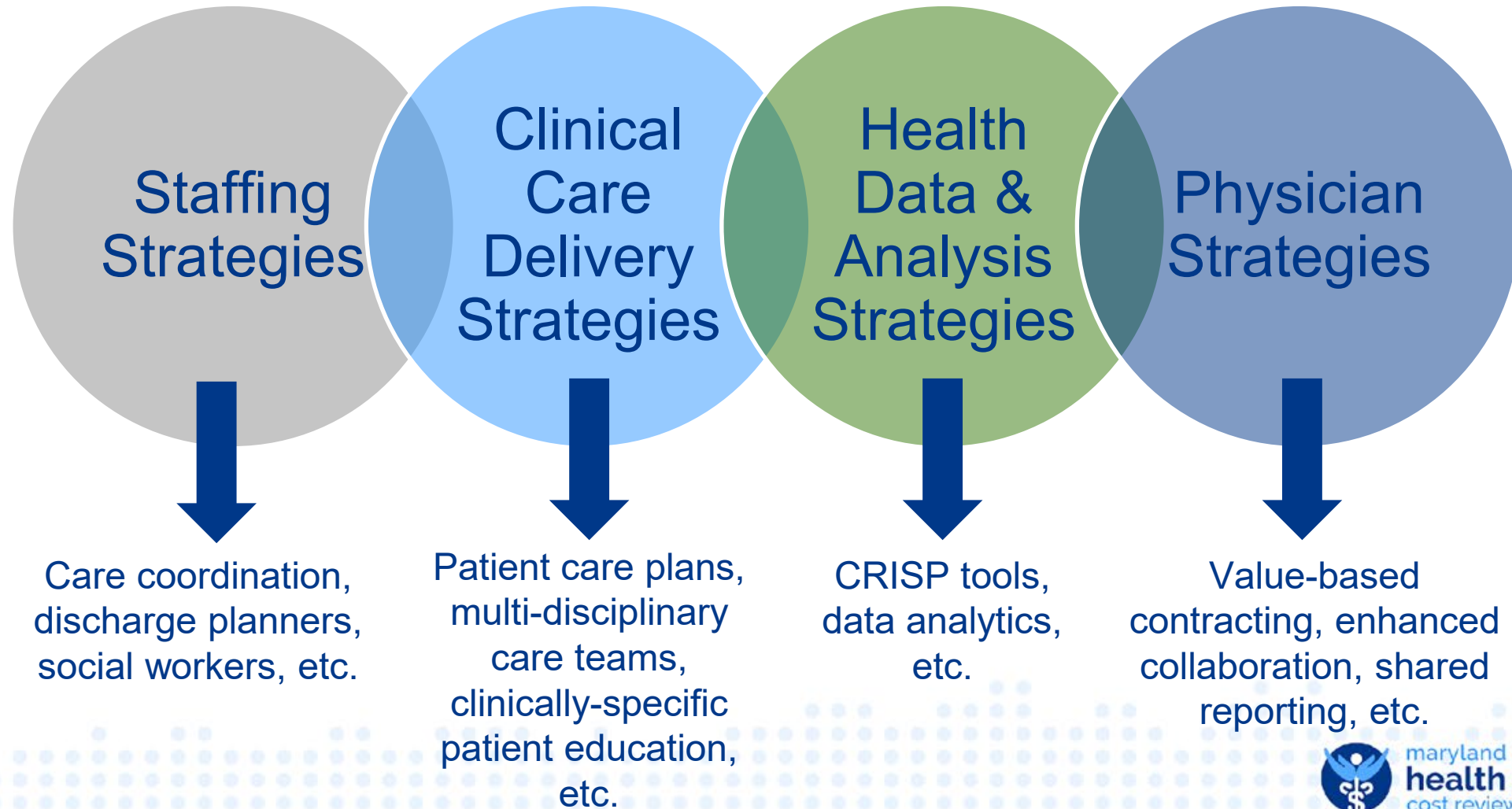   - Promoting affordability for Maryland individuals and businesses.

What is a Global Budget?

Rather than let volumes control revenue, HSCRC sets an annual revenue target (GBR) that each hospital must meet.

Former Fee-For-Service (FFS) Model:
- Volume Driven

Units/Cases ✕ **Rate Per Unit or Case**

= **Hospital Revenue**
- › Unknown at the beginning of the year
- › More units creates more revenue

Global Budget Revenue (GBR) Model:
- Population and Value Driven

Revenue Base ➕ **Updates for Trend, Population, Value, etc**

= **Revenue for Target Year**
- › Known at the beginning of each year
- › More units does not create more revenue

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Global Budgets – Hospital Strategies to Improve Care

GBRs constrain revenue and improve quality by providing hospitals with strong financial incentives to manage their resources efficiently and effectively, including through:

Staffing Strategies

Clinical Care Delivery Strategies

Health Data & Analysis Strategies

Physician Strategies

Care coordination, discharge planners, social workers, etc.

Patient care plans, multi-disciplinary care teams, clinically-specific patient education, etc.

CRISP tools, data analytics, etc.

Value-based contracting, enhanced collaboration, shared reporting, etc.

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Mathematica 2023 TCOC Model Evaluation Highlights

Positive Findings and Opportunities

The Model **reduced Medicare spending by limiting growth in hospital budgets**, which rewards hospital efforts to reduce potentially preventable care

The Model created **$689 million in net savings** to Medicare over TCOC's first three years:
-2.1% - Total Medicare spending
-6.1% - Hospital spending
3.1% - Non-hospital spending

14% of MDPCP beneficiaries received care management services in 2022, up from 1% in 2019

The Model **reduced disparities by race and by place.** Disparities decreased by 19%- 40% on unplanned readmissions, preventable admissions, and timely follow-up after **hospital discharge**

The Model **improved quality of care** in hospitals.

-16.2% - Hospital admissions
-5.9% - Outpatient ED visits
-16.8% - Preventable admissions

The Maryland Primary Care Program (MDPCP) **improved timely follow-up after exacerbation of chronic conditions**.

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INNOVATIONS FACILITATED BY MARYLAND MODEL

- Examples include:
  - **ACES** pilot, led by Health Care for the Homeless in coordination with several hospital systems, provided housing to chronically ill Baltimore residents who were unhoused, improving health and reducing costs.
  - **Queen Anne's County Mobile Integrated Community Health Pioneering Solutions for Enhanced Care** program includes a Mobile Integrated Community Health (MICH) team consisting of a nurse, paramedic, and pharmacist. The MICH program is available to adults who are considered high-risk for frequent use of emergency services, emergency department visits, and hospital readmissions or to any adult found to have unmet social or healthcare needs.
  - **Regional Partnership Catalyst Program** supports behavioral health models that improve access to crisis services
  - **Nursing Support Program** offers non-competitive hospital grants to fund projects addressing needs related to nurse recruitment and retention as well as increasing the number of nurses in Maryland and strengthening nursing education programs by expanding capacity and increasing faculty at Maryland institutions
  - **COVID-19 funding programs** supported hospital and long-term care partners to reduce the spread of COVID-19 prevalence and to collaborate with community partners to support COVID-19 vaccination efforts statewide.

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AIM CONTEST

- Advancing Innovation in Maryland (AIM) is a contest that seeks to surface ideas for potential implementation to advance Maryland's unique healthcare model, which has the goals of improved patient care and health outcomes, greater equity, and affordability.

AIM CONTEST GOALS AND IDEA CATEGORIES

- **Contest Goal** - To surface innovative ideas for potential implementation that will:
    - Improve patient care and deliver better health outcomes.
    - Advance heath equity.
    - Promote lower costs of care and affordability.
- **Idea Categories**
    - **Interventions**: Ideas for interventions that a hospital can implement, by itself or in coordination with community partners.
    - **Collaborations**: Ideas for programs or platforms that the hospital system as a whole or in a region can implement, by itself or in coordination with community partners.
    - **Payment approaches**: Ideas for payment innovations that the Health Services Cost Review Commission can implement.

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IDEA CATEGORIES

Category 1: Innovative Interventions

- Ideas for interventions that a hospital can implement, by themselves or in coordination with community partners.

- The HSCRC is particularly interested in ideas that improve the health of patients at risk of, or impacted by:

    - Patients at risk for severe maternal morbidity or mortality.
    - Sickle cell anemia.
    - Cardiovascular disease.
    - Pediatric asthma.
    - "Multi-Visit Patients" to the emergency room.
    - Opioid Use Disorder.

- Ideas targeting other patient populations are welcome.

Category 1: Innovative Interventions

- Submissions in this category should include:
  - One sentence summary.
  - Population of patients.
  - Challenge to be addressed.
  - Description of innovative intervention.
  - Rationale and available evidence for impact on patient care, health outcomes, and equity.
  - Available evidence for affordability of intervention, considering savings and costs to the health care system – i.e., the net financial benefit of the innovation.
  - Potential barriers to implementation and how to address them.

Category 2: Innovative Collaborations

- Ideas for joint efforts, resources, or platforms that the hospital system as a whole or in a region can implement, by itself or in coordination with community partners.

- Examples include:
  - Clinical collaborations across the state.
  - Statewide academic detailing projects.
  - A shared approach to telemedicine for a particular clinical scenario or condition.
  - Statewide implementation of innovative technology.
  - Regionalization of specialized care for specific groups of patients.

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Category 2: Innovative Collaborations

- Submissions in this category should include:
  - One sentence summary.
  - Challenge to be addressed.
  - Population of patients, if applicable.
  - Description of innovative collaboration.
  - Rationale and available evidence for impact on patient care, health outcomes, and equity.
  - Available evidence for affordability of intervention, considering savings and costs to the health care system – i.e., the net financial benefit of the innovation.
  - Potential barriers to implementation and how to address them.

Category 3: Innovative Payment Approaches

- Ideas for payment innovations across all patient populations and payers that the Health Services Cost Review Commission can implement.

In addition to setting budgets for hospitals, the HSCRC approves innovative payment methodologies to improve care and advance affordability. The Maryland model's flexibility allows for creation of new voluntary programs that focus on improving quality and value in healthcare by shifting away from fee for service payments.

- **Episode Quality Improvement Program** aligns hospitals and in-hospital providers by providing Medicare waivers that allow hospitals to share resources with non-hospital providers.

- **Care Transformation Initiative** rewards hospitals for successful care transformation interventions aimed at improving care and affordability in the Medicare program.

Category 3: Innovative Payment Approaches

- The HSCRC is particularly interested in ideas that address:
  - Rising lengths of stay in hospitals.
  - Challenges with obtaining timely and effective post-acute care.
- Ideas targeting other shared challenges are welcome

Category 3: Innovative Payment Approaches

- Submissions in this category should include:
  - One sentence summary and challenge to be addressed.
  - How the payment innovation would work, including whether there is upside risk, downside risk, or both to healthcare organizations.
  - Target payer market.
  - Target patient population, if applicable.
  - Rationale and available evidence for beneficial impact on patient care, health outcomes, and equity, and for affordability, including net benefit of the innovation.
  - Potential barriers to implementation and how to address them.
- Ideas may reference or incorporate ideas in Categories 1 and 2.

ADDITIONAL REQUIREMENTS AND ELIGIBILITY

SUBMISSION REQUIREMENTS

- Ideas are due by October 25 at 5pm EST.

- Each submission should:
  - Include each numbered section for the category
  - Be formatted in 12-point type, single-spaced, with one-inch margins
  - Include fewer than 1200 words (not counting references).

- Participants should submit the idea in pdf format via the Smartsheet Form

- The link to the Smartsheet Form can be found on the HSCRC website: https://hscrc.maryland.gov/Pages/AIM.aspx

ELIGIBILITY

- To be eligible for prize money, winners must meet the following requirements:

  - Be Maryland state residents.

  - Agree to report income to the IRS and pay applicable taxes.

  - Provide additional tax-related information to the Horizon Foundation.

  - Meet other requirements set by the Horizon Foundation.

- Up to 3 ideas per individual. Each idea must be submitted separately.

RECOGNIZING INNOVATION

IDEAS EVALUATION, PRIZES AND ADVANCEMENT

- Ideas will be evaluated for selection by an independent panel of judges.

- Up to 10 winning ideas will be chosen based on alignment with the AIM contest goals.

- Winners will receive cash prizes of $1000 from the Horizon Foundation.

- Winners will present their ideas to the Secretary of Health and Health Services Cost Review Commission for further discussion and consideration.

Questions and Answers

Questions and Answers

Question	Answer
Can a not-for-profit health system submit the idea?	Only individuals are eligible to apply and they may submit an idea on behalf of their organization.
I work with a virtual healthcare company, and we have recently registered to do business in Maryland. We are interested in this contest; however, we would like to clarify the eligibility, as we do not currently have an employee on the ground in that state. We are entirely virtual and operate without any brick and mortar locations. Given this arrangement, I am curious if we are eligible to proceed or not.	All individuals are welcome to submit ideas and have a chance to win the contest. Only Maryland residents are eligible to receive the cash prize.
Can an organization apply or does it have to be an individual?	Only individuals are eligible to apply and they may submit an idea on behalf of their organization.

Questions and Answers

	Answer
I am interested in participating in the AIM Contest. I cannot make it to the informational webinar on Thursday, September 26th at 1:00 pm EST because I have class. Would it be possible to get a recording of the webinar instead?	Yes, the recording will be posted to the HSCRC website.
Will work relevant to school-based health centers and/or School Medicaid apply?	We are seeking ideas that fall within one of the identified three categories Please refer to HSCRC website here for more information on the categories.

Important Dates

- Questions may be submitted using the Smartsheet Form found on the HSCRC website by Friday, October 18 at 5 pm EST

- Call for Ideas submissions are due on October 25 at 5 pm EST

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THANK YOU!