

Advancing Innovation in Maryland (AIM) – An Ideas Contest Call for Ideas

Overview of AIM

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. The AIM contest is supported by a public-private partnership involving the Maryland Department of Health (MDH), the Health Services Cost Review Commission (HSCRC), and local foundations.

AIM is seeking ideas in three categories that will improve patient care and health outcomes, advance equity, and promote affordability:

1. **Innovative Interventions:** Ideas for interventions that a hospital can implement, by themselves or in coordination with community partners;
2. **Innovative 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; and
3. **Innovative Payment Approaches:** Ideas for payment innovations that the Health Services Cost Review Commission can implement.

Up to 10 applicants with winning ideas will be selected to receive cash prizes of \$1000 from the Horizon Foundation and be presented to the Secretary of Health and Health Services Cost Review Commission for further discussion.¹

Background on the Maryland Total Cost of Care Model

Maryland is the only state in the nation that has set rates for hospitals for more than 50 years, dating back to July 1974. In 2014, the state adopted all-payer hospital global budgets. This unique payment mechanism means that hospitals succeed financially as community health improves and the number of preventable admissions decreases.

The “Maryland Model” has goals that include:

- Providing care that is coordinated across both hospital and non-hospital settings, including mental health and long-term care.
- Investing resources in patient-centered care teams and advanced primary care.

¹In order to be eligible for prize money, winners will (1) be Maryland state residents (2) agree to report income to the IRS and pay applicable taxes, (3) provide additional tax-related information to the Horizon Foundation, and (4) meet other requirements set by the Horizon Foundation. Additional details are in the Q and A section of this announcement.

- Paying health systems more when patient outcomes are better.
- Reducing disparities in care and outcomes.
- Promoting affordability for Maryland individuals and businesses.
- Using the Model's flexibility to create programs to capitalize on the strengths of Maryland's health system to better serve residents of the state.

The Maryland Model encourages health systems and their partners to pursue innovative approaches to care delivery. The goal of AIM is to surface ideas for potential implementation.

Categories of the AIM Contest

Each submitted idea should be designated in one of three categories.

Category One: Innovative Interventions

In the *Innovative Interventions* category, AIM is seeking ideas for interventions that a hospital can implement, by themselves or in coordination with community partners. These are innovations that can help individual hospitals improve the health of patients while maintaining affordability of care. Each submission should include:

1. One sentence summary
2. Population of patients
3. Challenge to be addressed
4. Description of innovative intervention
5. Rationale and available evidence for impact on patient care, health outcomes, and equity
6. Available evidence for affordability of intervention, considering savings and costs to the health care system – i.e., the net financial benefit of the innovation
7. Potential barriers to implementation and how to address them

The HSCRC is particularly interested in innovations that improve the health of the populations noted in Appendix A. Applications can also be submitted for other populations of patients.

Category Two: Innovative Collaborations

In the *Innovative Collaborations* category, AIM seeking 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. Category Two is different from Category One in that it would not make sense for a single hospital to implement an idea in this category on its own. A past example of this type of innovation is the development of CRISP, Maryland's health information exchange.

Such innovations might 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

Each submission should include:

1. One sentence summary
2. Challenge to be addressed
3. Population of patients, if applicable
4. Description of proposed innovative collaboration
5. Rationale and available evidence for impact on patient care, health outcomes, equity
6. Available evidence for affordability of intervention, considering savings and costs to the health care system – i.e., the net financial benefit of the innovation
7. Potential barriers to implementation and how to address them

Category Three: Innovative Payment Approaches

In the *Innovative Payment Approaches* category, AIM seeking Ideas for payment innovations 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. Currently, HSCRC operates several value-based care programs including the [Episode Quality Improvement Program](#), which align hospitals and in-hospital providers by providing Medicare waivers that allow hospitals to share resources with non-hospital providers. In addition, model flexibility has allowed the state to develop a program called [Care Transformation Initiative](#), which rewards hospitals for successful care transformation interventions aimed at improving care and affordability in the Medicare program.

Across all patients (and all payers), HSCRC is particularly interested in ideas to address:

- Rising length of stay in hospitals
- Challenges with obtaining timely and effective post-acute care

Ideas for payment innovations may address other shared challenges as well. Ultimately, the goal is to develop new innovative payment approaches to improve health outcomes

and advance affordability that can be incorporated into the Maryland model. These ideas may reference or incorporate ideas in Categories One and Two.

Each submission should include:

1. One sentence summary
2. Challenge to be addressed
3. How the payment innovation would work, including whether there is upside risk, downside risk, or both to healthcare organizations
4. Which payers the innovation would apply to
5. Population of patients, if applicable
6. Rationale and available evidence for beneficial impact on patient care, health outcomes, and equity
7. Rationale and available evidence for affordability, including net benefit of the innovation
8. Potential barriers to implementation and how to address them

Submission Requirements

Ideas are due by October 25 at 5 pm EST.

Submission requirements are available on the [AIMS Contest webpage](#).

An informational webinar will be offered on Thursday, September 26th at 1:00 pm EST. For more information, to register for the informational webinar see the [AIMS Contest webpage](#).

For questions, please submit through the [Smartsheet Form](#).

Q & A

1. Has HSCRC ever been involved in a contest like this before?

No, this is a first. This is a moment to surface ideas that can advance the success of the Maryland model in improving health outcomes, advancing equity, and promoting affordability.

2. How does AIM relate to the AHEAD model?

The [AHEAD model](#) is a program of the Centers for Medicare and Medicaid Services. AHEAD is the framework for the next phase of the Maryland model. AHEAD incentivizes states to improve health outcomes, advance equity, and promote affordability. So, this contest is well in line with the goals of AHEAD.

3. Who will evaluate the ideas?

There will be an independent panel of judges, selected through a call for applications this summer.

4. Who is eligible to submit ideas?

All individuals are welcome to submit ideas and have a chance to win the contest. However, as noted below, only Maryland residents are eligible to receive the cash prize.

5. What are the criteria for judging ideas?

The key criteria relate to the potential of the idea to improve patient care, health outcomes, equity, and affordability.

6. Is there a guarantee that winning ideas will be implemented?

No. The contest aims to surface ideas for further consideration, but there is no guarantee of implementation.

7. How much are the cash prizes and how are they distributed?

The Horizon Foundation is providing up to \$10,000 for prizes. This funding will be distributed by the Foundation to up to 10 winning ideas across the 3 areas. Each Prize will be \$1000. This is not a solicitation under Maryland Procurement Law.

8. What is the fine print on the prizes?

In order to be eligible for prize money, winners will (1) be Maryland state residents (2) agree to report income to the IRS and pay applicable taxes, (3) provide additional tax-related information to the Horizon Foundation, and (4) meet other requirements set by the Horizon Foundation.

9. Can an individual or organization submit more than one idea?

Yes, we will consider up to 3 ideas from each individual. Each idea must be submitted on its own.

Appendix A

- Patients at risk for severe maternal morbidity or mortality
 - According to the [2022 Maryland Maternal Mortality Review](#), there were a total of 58 pregnancy-associated deaths in Maryland in 2020, which is an increase of 27 deaths compared to 2019. Among these deaths, 17 (29 percent) were determined to be pregnancy related, and 41 deaths (71 percent) were determined to be non-pregnancy-related. The leading cause of all pregnancy-associated deaths, as well as pregnancy-related and non-pregnancy related deaths, was behavioral health conditions, including substance use disorder.
- Sickle cell anemia
 - Sickle cell anemia is more prevalent in African American and Hispanic populations due to the higher frequency of the sickle cell trait in these groups. MDH estimates that there are about 2,000 individuals with sickle cell disease in the state, who are at greater risk for a range of serious complications if not receiving high quality care.
- Cardiovascular disease
 - . In Maryland, heart disease is the leading cause of death, and stroke ranks third. Both conditions are widespread, leading to frequent hospitalizations and high mortality rates. Heart disease includes heart failure, which is often associated with preventable hospitalizations.
- Pediatric asthma
 - Asthma is one of the most common conditions among children in Maryland. According to the Maryland Behavioral Risk Factor Surveillance System and Maryland's Department of Health, approximately 8 to 10% of children in Maryland have been diagnosed with asthma. A key goal of the Maryland's Statewide Health Improvement Strategy is decreasing asthma-related emergency department visit rates for ages 2-17.
- “Multi-Visit Patients” to the emergency room
 - These patients, who have at least four visits to an Emergency Department within one calendar year, are responsible for 30% of all Emergency Department visits.
 - The most common diagnoses for multi-visit patients in the emergency department relate to behavioral health, with the top 3 being substance use, mood disorders, and anxiety.
- Opioid Use Disorder
 - In 2022, there were 2,2302 [opioid overdose deaths](#) in Maryland, which accounted for 90% of all drug overdose deaths in the state. Deaths have risen

rapidly among non-Hispanic Black residents of the state and among older adults.