maryland
health services
cost review commission

Total Cost of Care Model Progression: Consumer Advocate Workgroup

January 13, 2023

Megan Renfrew, Associate Director of External Affairs

Overview

- Guidelines
- Workgroup Charge
- Level Setting
  - HSCRC Overview
  - The Maryland Health Model:
    - TCOC and SIHIS
    - Hospital Rate Setting and Global Budgets
  - Other Opportunities to Influence HSCRC Policy
- TCOC Timeline
- Public Comment
- Next Steps

Workgroup Ground Rules

- Be prepared: please read materials before the meeting
- Be brief.
- Share the floor: please monitor your contributions to make sure others have an opportunity to engage in the discussion.
- No interruptions (except for the time-keeper).
- Use the hand-raise function if available
- Stay on topic.
- Questions are welcome.
- Respect deadlines for written comments.

Total Cost of Care Model Progression Consumer Workgroup Charge

The Health Services Cost Review Commission (HSCRC) is establishing a Consumer Advocate Workgroup to gather input to ensure that consumer perspectives are used to inform the design and management of policies for any future Model agreement with the Centers for Medicare and Medicaid Services.

Why is this feedback needed?

- The Total Cost of Care (TCOC) Model agreement with the Federal Center for Medicare and Medicaid Innovation (CMMI) is set to end in 2026.
- State / Federal negotiations on the future of the Model will begin in late 2023 or 2024

Overview of HSCRC and the Total Cost of Care Model

HSCRC - Who We Are

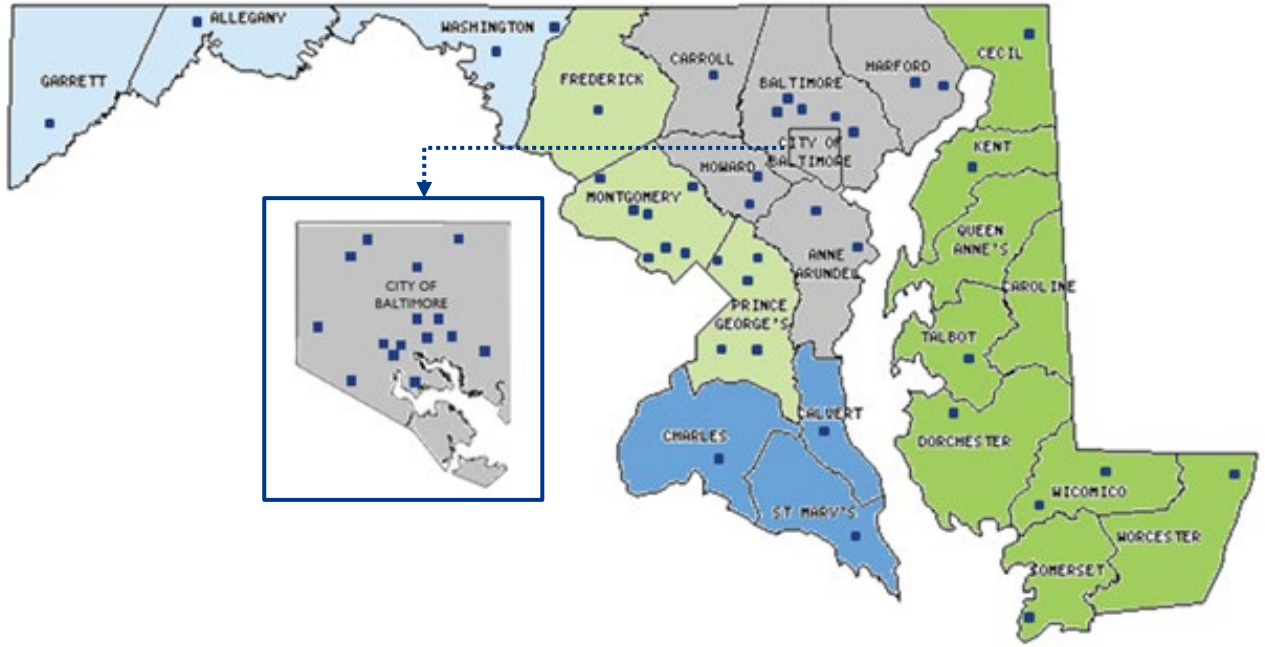
The Maryland Health Services Cost Review Commission (HSCRC) is an independent state agency responsible for regulating the quality and cost of hospital services to ensure all Marylanders have access to high value healthcare.

HSCRC's vision is to enhance the quality of health care and patient experience, improve population health and health outcomes, and reduce the total cost of care for Marylanders.

The HSCRC establishes rates for all hospital services and helps develop the State's innovative efforts to transform the delivery system and achieve goals under the Maryland Health Model.

State of Maryland Healthcare Landscape

- Population: 6.17 million
- 16.3% of population is age 65 and over
- Highest median household income by state
- 55 HSCRC-regulated entities, including:
  - All 45 of the State's private, not-for-profit acute care hospitals, including 2 academic medical centers
  - 6 Freestanding Medical Facilities
  - 3 psych hospitals and 1 pediatric specialty hospital (commercial rates only)
- $18.95 billion in CY21 hospital revenue



Maryland's Unique Healthcare System: Overview

Maryland Health Model

CMMI-MD Agreement

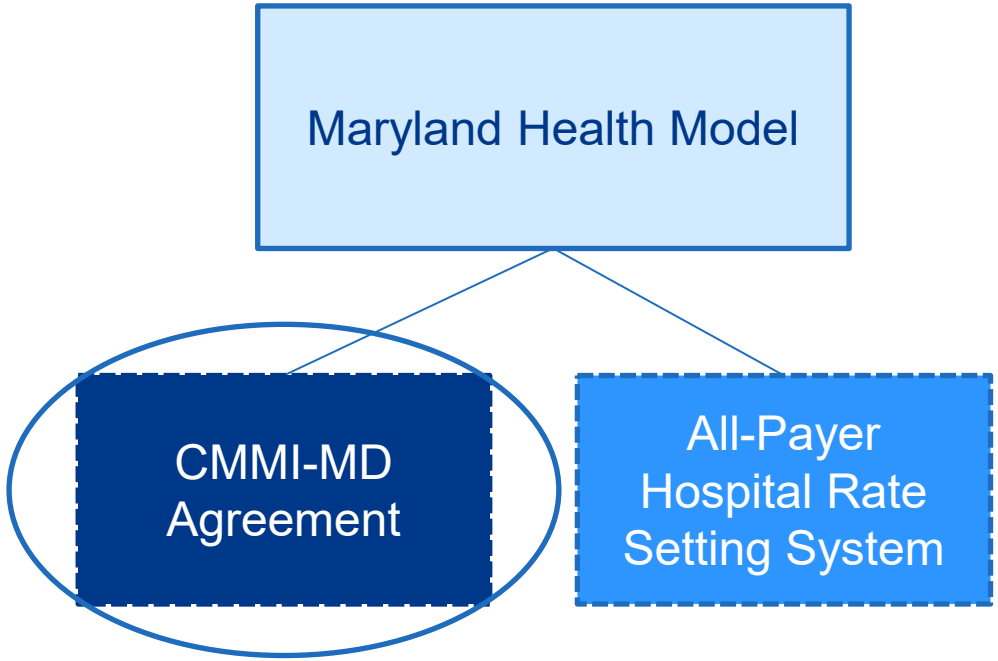
- A commitment between the State and Federal Government to use global budgets for hospitals, reform the health care and delivery system, and improve population health.
  - All-Payer Model (2014-2018)
  - Total Cost of Care Model (2019-2028)

Commission Policies

All-Payer Hospital Rate Setting System

- The HSCRC has set hospital rates, on an all-payer basis, since the 1970s
- The system can be adjusted to achieve CMMI agreement targets and other statewide priorities

Maryland Models with the Center for Medicare & Medicaid Innovation (CMMI)



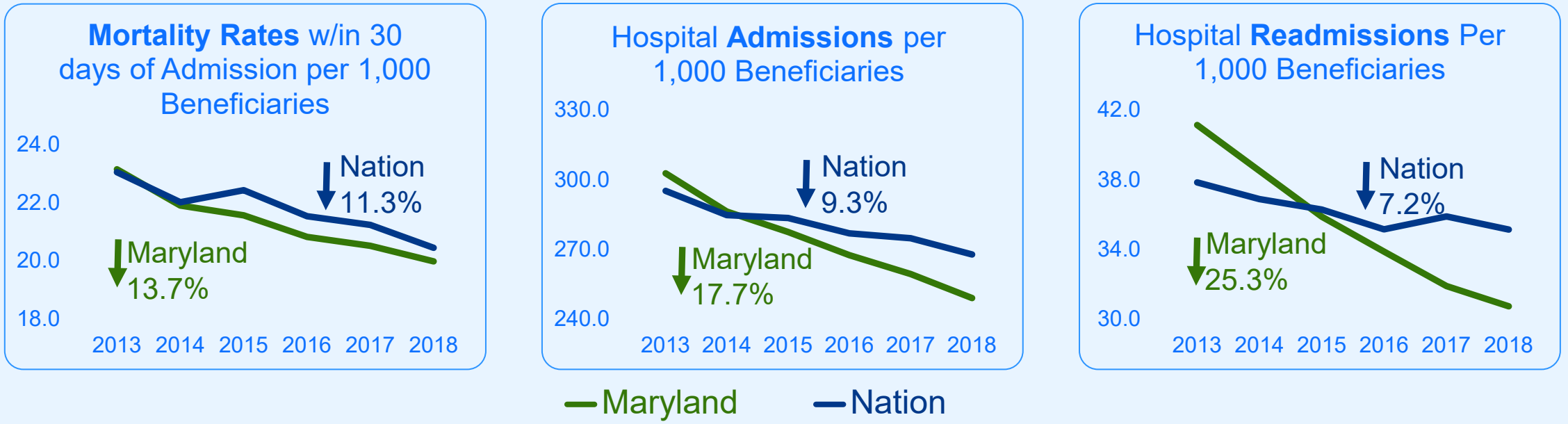
Transitioning from the All-Payer Model to the Total Cost of Care Model

All-Payer Model (2014-2018): **Hospital Focus**	Total Cost of Care Model (2019-2028): **Health System Focus**
Focus on:	Focus on:
Hospital savings	**Total Cost of Care** savings
Hospital quality	Hospital quality and **population health**
Hospital alignment	**System-wide provider** alignment, including opportunities for **primary care** and other **non-hospital providers**

All-Payer Model Results: Improved Quality

All-Payer Model (2014-2018)

Maryland Comparison to Medicare FFS Performance (CY 2014-2018)



- Maryland outperformed the nation on both cost and quality under the Maryland Health Model
  - Mortality: 2.4% point greater reduction than the nation among Medicare FFS beneficiaries
  - Inpatient Admissions: 8.4% point greater reduction than the nation among Medicare FFS beneficiaries
  - Inpatient Readmissions: 18.1% point greater reduction than the nation among Medicare FFS beneficiaries

Source: HSCRC analysis of data provided by CMMI, national 5% sample used to derive some national amounts.

The Model Reduces Healthcare Spending

$2.5 billion+

in Medicare hospital savings (2014 – 2020)

$1.6 billion+

in Medicare TCOC savings (2014 – 2020)

Lowest

outpatient private payer costs in the nation

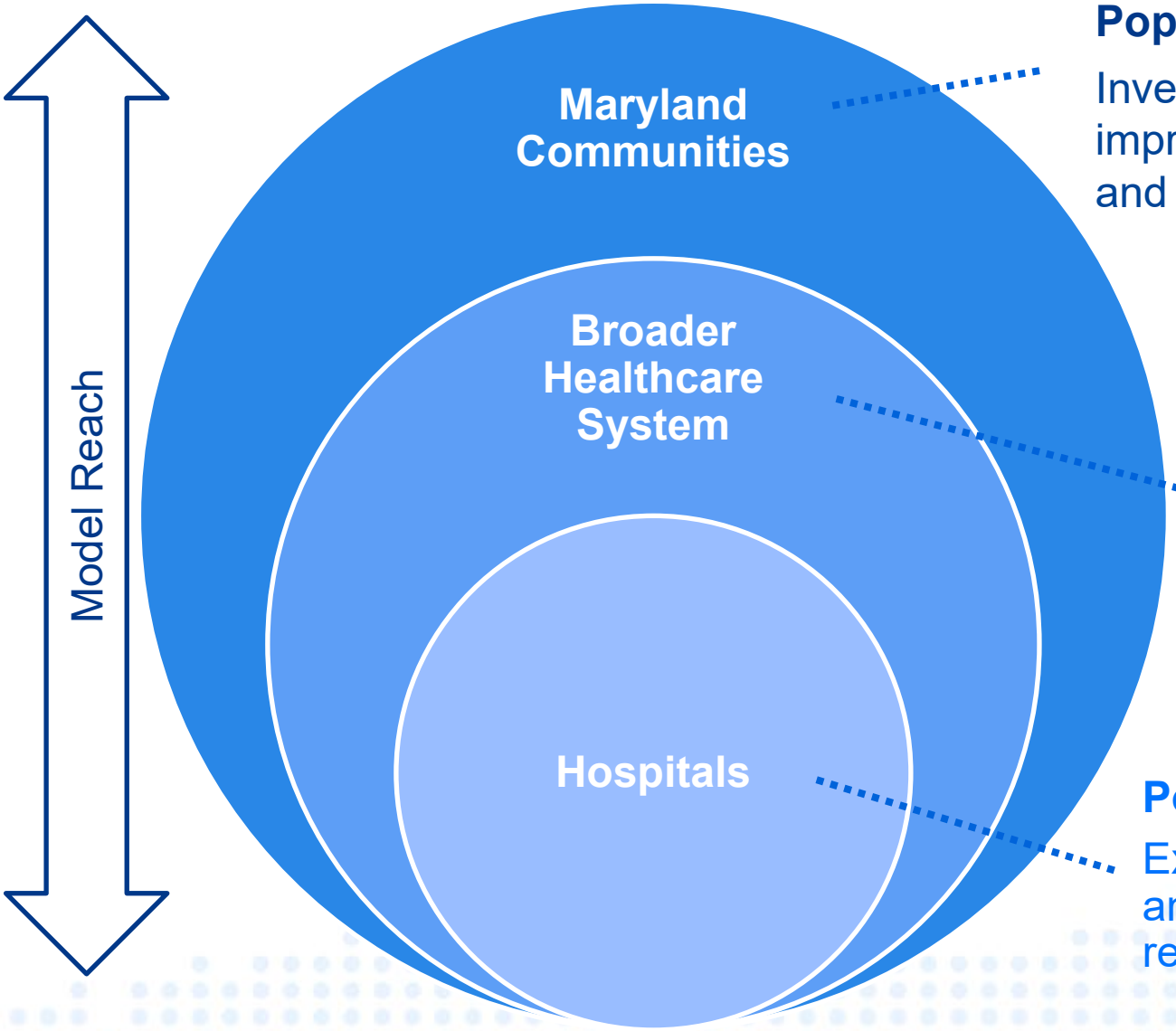
Second Lowest

inpatient private payer costs in the nation

54.4% slower

Medicare hospital spending growth than the nation (2014 – June 2021)

TCOC Model Components



Population Health and Health Equity

Investment in initiatives that aim to make statewide improvements in the areas of diabetes, opioid addiction, and maternal and child health.

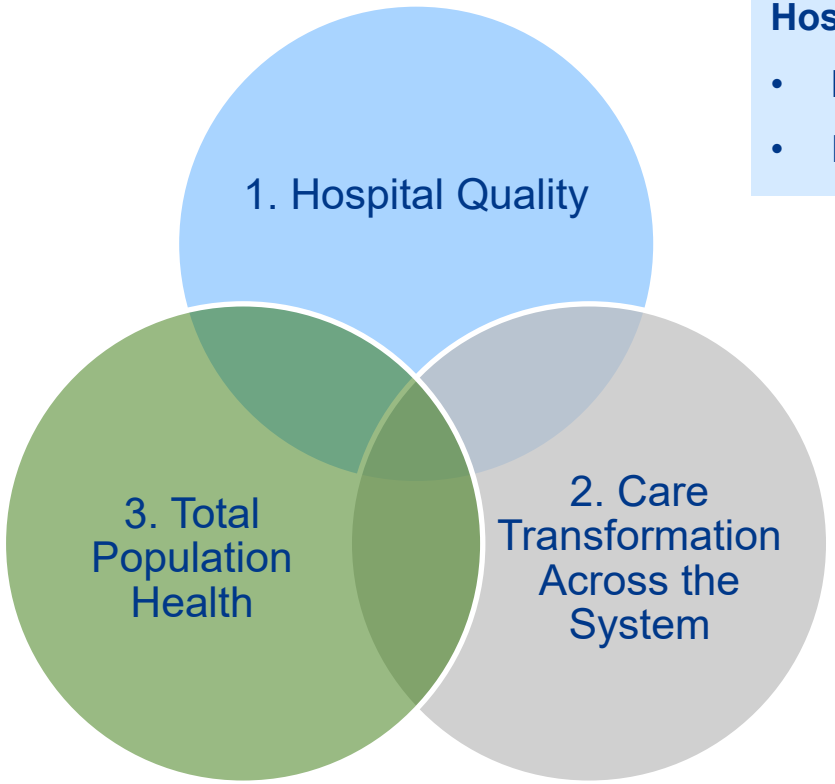
Payment and Delivery System Reform

Incentives to transform care and create partnerships across settings of care by expanding opportunities for non-hospital provider participation in value-based programs

Population-Based Revenue / Global Budgets

Expanded hospital quality requirements, incentives, and responsibility to control total costs through limited revenue-at-risk

Statewide Integrated Health Improvement Strategy



Hospital Quality

- Reduce avoidable admissions
- Improve Readmission Rates by Reducing Within-Hospital Disparities

Care Transformation Goals

- Increase the amount of Medicare TCOC or number of Medicare beneficiaries under value-based care models*
- Improve care coordination for patients with chronic conditions

Total Population Health Goals

- Priority Area 1 (Diabetes): Reduce the mean BMI for adult Maryland residents
- Priority Area 2 (Opioids): Improve overdose mortality
- Priority Area 3 (Maternal and Child Health):
  - Reduce severe maternal morbidity rate
  - Decrease asthma-related emergency department visit rates for ages 2-17

*Value-based models including the Care Redesign Program, Care Transformation Initiatives, and qualifying successor models.

Mathematica 2021 TCOC Evaluation Highlights

Positive Findings and Opportunities

Hospital Global Budgets provided **financial stability for hospitals** during COVID-19 (no closures).

Maryland is **focusing on population health** through the **Statewide Integrated Health Improvement Strategy (SIHIS)** and HSCRC's Regional Partnership Catalyst Funding program for **diabetes** and **behavioral health**.

The Model has extended incentives and supports beyond the hospital to include **post-acute providers, primary care, and community organizations**.

Care Transformation Initiatives have the potential to demonstrate **innovation across the State.**

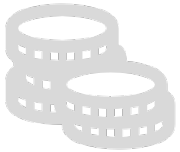
Hospital Global Budgets create a **strong incentive to transform care.**

Maryland has generated **substantial actuarial Medicare savings** under the Model.

MDPCP practices report changes in **access and continuity, care management**, **comprehensiveness and coordination**, **patient and caregiver engagement**, and **planned care for health outcomes**.

Mathematica 2021 TCOC Evaluation Highlights

Opportunities for Improvement



Total Medicare spending was higher in Maryland than other states, **driven largely by higher hospital prices** (Maryland has successfully lowered hospital volume).

Maryland can **improve incentives for hospitals and care partners** to lower the Medicare total cost of care.

There is meaningful room for **improvement on population health** goals.

Maryland has room to **improve on quality measures**, including **readmissions** and **potentially preventable admissions.**

Mathematica 2022 TCOC Evaluation Highlights

Positive Findings and Opportunities (2019-2021)

APM and TCOC are considered as an overarching Maryland Model for estimating impacts

The Maryland Model reduced total Medicare fee-for-service Part A and B spending by 2.5%, creating a $781 million reduction in total spending.

Hospital global budgets have had a strong and growing influence on hospital outcomes that cannot be isolated from new TCOC model components

Results suggest that efforts to improve efficiency have not resulted in lower patient satisfaction ratings

Several quality-of-care measures improved under the Maryland Model:

- **potentially preventable admissions decreased by 16.1%**
- **unplanned hospital readmissions decreased by 9.5%**
- **timely follow-up after hospital discharge increased by 2.5%**

The Model reduced rates of all-cause acute care hospital admissions by 16.1 percent

In most outcomes, the impacts were more favorable for TCOC than the APM period, indicating further improvement*

* For example, all-cause admissions impacts were 6.1 percentage points larger (16.1 versus 10.0 percent), total Medicare spending impacts were 1.5 percentage points larger (2.5 versus 1.0 percent), and impacts on the likelihood of readmission were 1.6 percentage points larger (9.5 versus 7.9 percent)

Hospital Rate Setting and Global Budgets

Maryland's All-Payer Rate Regulation System

Since 1977, the HSCRC has set all-payer rates for all of Maryland's private, acute care hospitals. This system guarantees that:

- All payers pay fair share of hospital financing
- Payers do not negotiate charges with hospitals
- Uncompensated Care is funded equitably via a rate adjustment for all payers
- Charges within each hospital are the same for all payers (with a small discount for public payers)

What Does this Mean for Patients?

Under a GBR system hospitals are reimbursed based on the population they serve, not the number of services they provide. This approach removes incentives for hospitals to increase revenue by growing volume under fee for services systems.

Hospitals are encouraged to implement strategies that help keep patients healthy, including:

- Making sure patients leave the hospital with the right medications and care plan to avoid re-admissions
- Coordinating with primary care doctors to help manage chronic conditions
- Reducing inefficient and unnecessary care

In the long run, patients will receive the right amount of care in the right setting and hospitals can focus on treating the sickest patients.

GBRs, Rates, and TCOC are Connected

HSCRC's authority to set hospital rates and global budgets for Medicare spending is dependent on the waiver of certain federal requirements under the Total Cost of Care Model Agreement with CMMI.

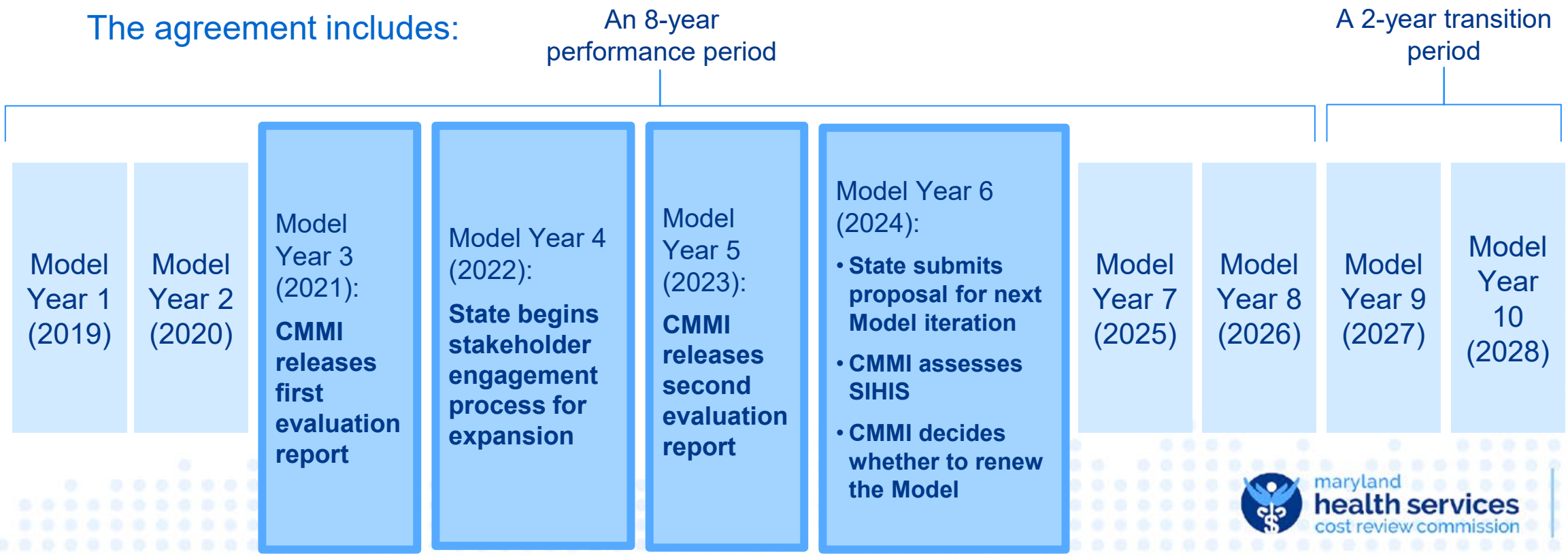
TCOC Model Timeline

TCOC Model: Moving Forward

The Maryland Total Cost of Care Model State Agreement states:

> "Under this Model, CMS and the State will test whether statewide healthcare delivery transformation, in conjunction with Population-Based Payments, improves population health and care outcomes for individuals, while controlling the growth of Medicare Total Cost of Care."

The agreement includes:



CMMI Future Opportunities, Progression, Priorities

CMMI's 2021 strategy refresh outlined the following vision and five objectives to achieve that vision:

Source: "Innovation At The Centers For Medicare And Medicaid Services: A Vision For The Next 10 Years, " Health Affairs Blog, August 12, 2021 and "Innovation Center Strategy Refresh" white paper.
Also released "CMS Framework for Health Equity 2022–2032," https://www.cms.gov/files/document/cms-framework-health-equity.pdf

Progression Plan Development Timeline

January 2022-April 2023
- Stakeholder Workgroups begin

April 2023
- Stakeholder Workgroups Conclude
- Written workgroup recommendations finalized by HSCRC and State staff

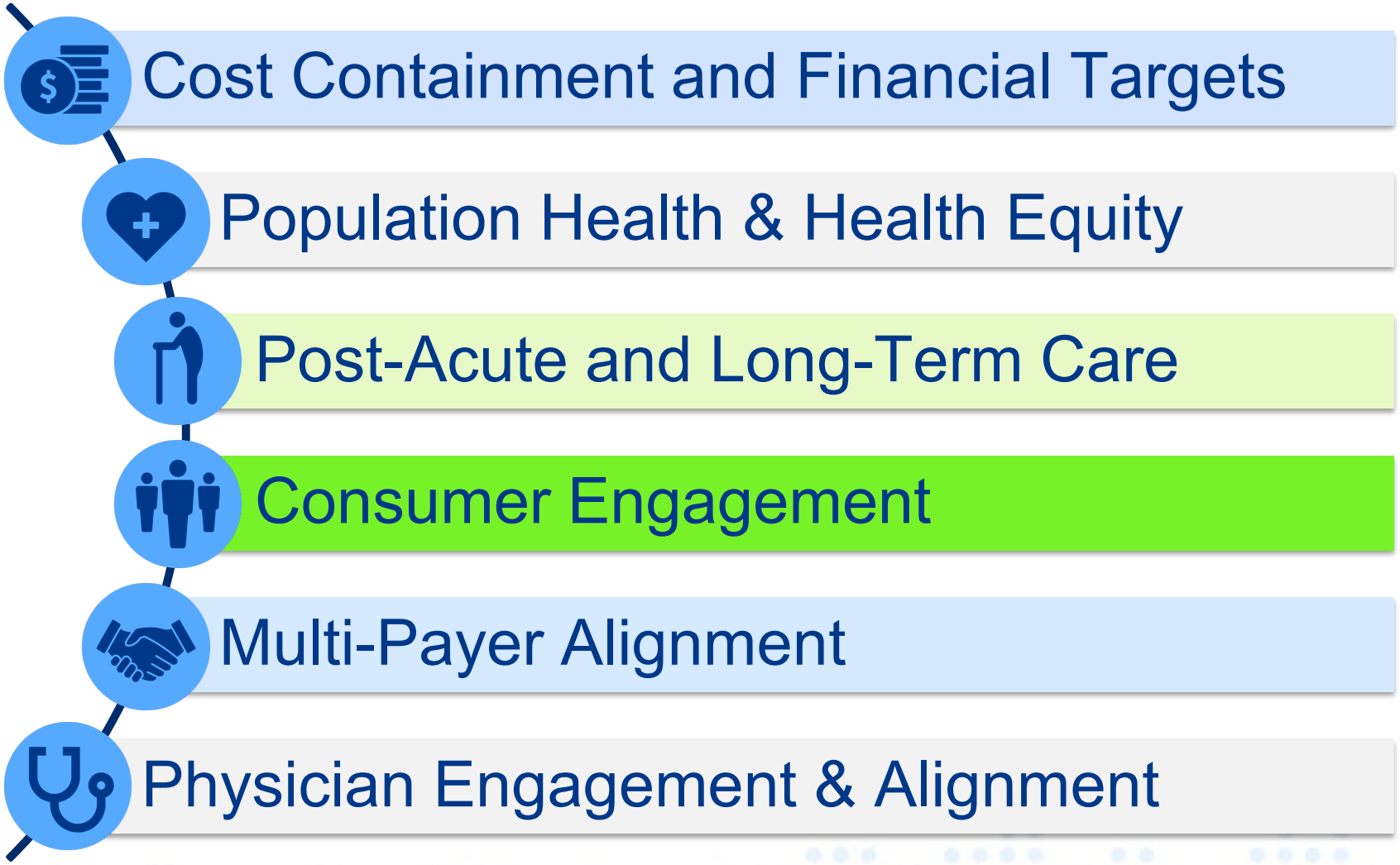
May-June 2023
- Draft Progression Plan finalized (May)
- Draft plan circulated to HSCRC Commission and SVG for initial comment (June)

June - Sept 2023
- Draft Progression Plan circulated for public comment
- Socialize with other important stakeholders (elected officials, others as needed)

Oct - Dec 2023
- Public comments reviewed and integrated into final Progression Plan

Dec 2023
- Final Progression Plan submitted to CMMI

Stakeholder Engagement on the Future of the Model



maryland health services cost review commission

Guiding Principles for TCOC Model Expansion

1. The Progression Plan should further the goals of the Maryland Health Model to lead the nation in health equity, quality, access, cost of care and consumer experience through aligned incentives and value-based payment methodologies across providers and payers.
2. The Progression Plan should include high-level recommendations that are feasible to implement and build upon existing initiatives and programs, where possible.
3. The Progression Plan should utilize State flexibility in order to tailor delivery system and payment reform efforts unique to Maryland.
4. The Progression Plan recommendations should adhere to the all-payer nature of the system to align quality and cost incentives across payers.
5. The Progression Plan recommendations should be established through a collaborative public process.

Many health care issues are not related to the Model agreement with CMMI

- HSCRC Responsibilities
  - Hospital Financial Assistance
  - Hospital Medical Debt Collection
  - Hospital Community Benefits Reporting
- Other topics
  - Insurance regulation (eligibility, coverage, and cost sharing*)
  - Facility and Provider Licensure
  - Etc.

Workgroup recommendations to Commissioners should prioritize items related to future model agreements with CMMI

**The Total Cost of Care standing workgroup may discuss Medicare cost sharing, which could be addressed through a future version of the Model.*

Workplan for Consumer Input

- Fall 2022: Meet with rural and urban hospital PFACs to hear directly from consumers
- Winter/Spring 2023: Consumer Advocate Workgroup
  - Meeting 1: Overview and Patient Experience Discussion
  - Meeting 2: Health Care Access & Chronic Care Management
  - Meeting 3: Health Care Quality and Equity

Discussion

?

Hospitals are paid differently depending on if they get high scores on the following measures of patient satisfaction:

- doctor and nurse communication with patients
- how responsive staff are
- care transitions
- information patients get when they are discharged from the hospital
- explanations for medication
- quietness and cleanliness

What could hospitals do to improve?

Public Comment

HSCRC Standing Workgroups

HSCRC uses both standing and short-term workgroups, incorporating stakeholder feedback into its decision-making. HSCRC has the following standing workgroups:

RRC

Payment Models Workgroup

Develops recommendations on policies related to global budgets, such as Market Shift, in addition to the development of the annual update factor

PBM

Performance Measurement Workgroup

Develops recommendations on measures that are reliable, informative, and practical for assessing hospital quality

MEDA

Total Cost of Care Workgroup

Develops recommendations on value-based programs such as CTIs as well as providing input to the HSCRC on managing the overall Total Cost of Care agreement with CMMI

MEDA

Care Transformation Steering Committee

Provides insight on Care Redesign Program (CRP) tracks and development of care transformation initiatives (CTIs)

State Resources for Patients

HSCRC can help consumers with complaints about hospital charges/bills, financial assistance, medical debt collection, or facility fee notices. If you have a complaint related to one of these areas and would like assistance, please email hscrc.patient-complaints@maryland.gov with the details of your complaint.

For information on nursing homes, hospitals, hospice, assisted living facilities, including quality and performance reports and price comparisons, visit the Maryland Health Care Commission's Maryland Quality Reporting website. (https://healthcarequality.mhcc.maryland.gov/)

Education and consumer support related to health insurance is available from the Maryland Insurance Administration (https://insurance.maryland.gov/Consumer/Pages/default.aspx)

Complaints about patient care and facility safety go to the Office of Health Care Quality in the Maryland Department of Health https://app.smartsheet.com/b/publish?EQBCT=07c94438f6714af1bbfe8ff1037b8b74

The Health Education and Advocacy Unit of the Office of the Attorney General is available to assist patients or their authorized representative in filing and mediating complaints related to health care bills and other health care issues. HEAU@oag.state.md.us

Next Steps

- Scheduling 2nd and 3rd Workgroup Meeting- expect communications (and doodle poll) from Paul Katz

Thank you!

Megan Renfrew

Associate Director of External Affairs

megan.renfrew1@maryland.gov

Appendix

TCOC Model Year 1 Performance – Exceeded Targets

Performance Measures	2019 Targets	2019 Results	Met
Annual Medicare TCOC Savings	$120M in annual Maryland Medicare TCOC per Beneficiary of savings for MY1 (2019)	$364.85 million	✓
TCOC Guardrail Test	Cannot exceed growth in National Medicare TCOC per beneficiary by more than 1% per year and cannot exceed the National Medicare TCOC per beneficiary by any amount for 2+ consecutive years	0.6 percentage points below the National growth rate	✓
All-Payer Revenue Limit	All-payer growth ≤ 3.58% per capita	2.5% per capita	✓
Improvement in All-Payer Potentially Preventable Conditions	Exceed the CY 2018 PPC rates for 14 Potentially Preventable Conditions (PPCs) that comprise Maryland's Hospital Acquired Condition program (MHAC)	.13 percentage point reduction	✓
Readmissions Reductions for Medicare	Maryland's aggregate Medicare 30-day unadjusted all-cause, all-site readmission rate at regulated hospitals ≤ the National Readmission Rate for Medicare FFS beneficiaries	14.94% (below the national rate of 15.52%)	✓
Hospital Population Based Payment	≥ 95% of all Regulated Revenue for Maryland residents paid according to a Population-Based Payment methodology	98% of Regulated Revenues are under Maryland's 'Rate Setting System'	✓

TCOC Model Year 2 Performance – Exceeded Targets

Performance Measures	2020 Targets	2020 Results	Met
Annual Medicare TCOC Savings	$156M in annual Maryland Medicare TCOC per Beneficiary of savings for MY2 (2020)	$390.6million	✓
TCOC Guardrail Test	Cannot exceed growth in National Medicare TCOC per beneficiary by more than 1% per year and cannot exceed the National Medicare TCOC per beneficiary by any amount for 2+ consecutive years	0.5 percentage points below the National growth rate	✓
All-Payer Revenue Limit	All-payer growth ≤ 3.58% per capita	.21% per capita	✓
Improvement in All-Payer Potentially Preventable Conditions	Exceed the CY 2018 PPC rates for 14 Potentially Preventable Conditions (PPCs) that comprise Maryland's Hospital Acquired Condition program (MHAC)	.06 percentage point reduction	✓
Readmissions Reductions for Medicare	Maryland's aggregate Medicare 30-day unadjusted all-cause, all-site readmission rate at regulated hospitals ≤ the National Readmission Rate for Medicare FFS beneficiaries	15.18% (below the national rate of 15.55%)	✓
Hospital Population Based Payment	≥ 95% of all Regulated Revenue for Maryland residents paid according to a Population-Based Payment methodology	98% of Regulated Revenues are under Maryland's 'Rate Setting System'	✓

TCOC Model Year 3 Performance – Exceeded Most Targets

Performance Measures	2021 Targets	2021 Results	Met
Annual Medicare TCOC Savings	$222M in annual Maryland Medicare TCOC per Beneficiary of savings for MY3 (2021)	$378.1million	✓
TCOC Guardrail Test	Cannot exceed growth in National Medicare TCOC per beneficiary by more than 1% per year and cannot exceed the National Medicare TCOC per beneficiary by any amount for 2+ consecutive years	0.6 percentage points above the National growth rate	✓
All-Payer Revenue Limit	All-payer growth ≤ 3.58% per capita	2.37% per capita ($1.71 billion below the maximum revenue amount)	✓
Improvement in All-Payer Potentially Preventable Conditions	Exceed the CY 2018 PPC rates for 14 Potentially Preventable Conditions (PPCs) that comprise Maryland's Hospital Acquired Condition program (MHAC)	.013 percentage point reduction	✓
Readmissions Reductions for Medicare	Maryland's aggregate Medicare 30-day unadjusted all-cause, all-site readmission rate at regulated hospitals ≤ the National Readmission Rate for Medicare FFS beneficiaries	15.64% (above the national rate of 15.41%)	X
Hospital Population Based Payment	≥ 95% of all Regulated Revenue for Maryland residents paid according to a Population-Based Payment methodology	98% of Regulated Revenues are under Maryland's 'Rate Setting System'	✓

SIHIS Hospital Quality Goals

	Goal #1: Reduce avoidable admissions	Goal #2: Improve Readmission Rates by Reducing Within-Hospital Disparities
Measure	AHRQ Risk-Adjusted PQIs	Readmission disparity gap
2018 Baseline	1324 admits per 100,000	Hospital-specific risk difference across levels of Patient Adversity Index (PAI)
2021 Year 3 Milestone (All Met)	8% improvement ***Actual Performance:*** *25.19% improvement*	Establish and monitor a measurement methodology and payment incentive for reducing within hospital readmission disparities and set a 2023 and 2026 target
2023 Year 5 Target	15% improvement	Half of eligible hospitals achieving 25% improvement in disparity
2026 Year 8 Final Target	25% improvement	Half of eligible hospitals achieving 50% improvement in disparity

SIHIS Care Transformation Goals

	Goal #1: Increase the amount of Medicare TCOC or number of Medicare beneficiaries under Care Transformation Initiatives (CTIs), Care Redesign Program, or successor payment model		Goal #2: Improve care coordination for patients with chronic conditions
Measure	Percent of TCOC under Care Transformation	Number of beneficiaries under CTI	Timely Follow-up After Acute Exacerbations of Chronic Conditions (NQF# 3455)
2018 Baseline	$0	0	70.85%
2021 Year 3 Milestone	12.5% of Medicare TCOC under a CTI or CRP or successor payment model	7.5% of Medicare Beneficiaries covered under a CTI or CRP or successor payment model	72.38% 2.16 percent improvement ***Actual Performance:*** *70.07% (Milestone Not Met)*
2023 Year 5 Target	37% of Medicare under a CTI or CRP or successor payment model	22% of Medicare Beneficiaries covered under a CTI or CRP or successor payment model	73.42% 3.62 percent improvement
2026 Year 8 Final Target	50% of Medicare TCOC under a CTI or CRP or successor payment model	30% of Medicare Beneficiaries covered under a CTI or CRP or successor payment model	75.00% 5.86 percent improvement or 0.50 percent better than the national rate

SIHIS Population Health Goal – Diabetes

Goal: Reduce the mean BMI for adult Maryland residents	
Measure	Mean BMI in the population of adult Maryland residents
2018 Baseline	State Mean BMI for 2018 = 28.19 kilograms / square meter
2021 Year 3 Milestone **(All Met)**	Delaware, Virginia, Mississippi, and Washington, DC were selected as the cohort of states to serve as the control group to measure progress. Launched the Diabetes Prevention and Management Program track of the HSCRC Regional Partnership Catalyst Program. Incorporated a quality measure for all MDPCP practices requiring BMI measurement for all patients, and for patients with an elevated BMI, requiring documentation of a follow-up plan (applying inclusion/exclusion criteria from MIPS measure 128). Expanded the CRISP Referral Tool to Regional Partnerships to increase patient referrals for Diabetes Prevention Programs.
2023 Year 5 Target	Achieve a more favorable change from baseline mean BMI than a group of control states
2026 Year 8 Final Target	Achieve a more favorable change from baseline mean BMI than a group of control states

SIHIS Population Health Goal – Opioid Use

Goal: Improve overdose mortality	
Measure	Annual change in overdose mortality as compared to a cohort of states with historically similar overdose mortality rates and demographics.
2018 Baseline	Age-adjusted death rate of 37.2/100,000
2021 Year 3 Milestone **(All Met)**	Massachusetts, New Jersey, Delaware, and Washington, DC were selected as the cohort of states to serve as the synthetic control group to measure progress. Launched the Behavioral Health Crisis Programs track of the HSCRC Regional Catalyst Program. Expanded Screening Brief Intervention and Referral to Treatment (SBIRT) to 200 practices participating in the Maryland Primary Care Program (MDPCP)
2023 Year 5 Target	Achieve a more favorable trend in overdose mortality rate as compared to the weighted average of control states.
2026 Year 8 Final Target	Achieve a more favorable trend in overdose mortality rate as compared to the weighted average of control states

SIHIS Population Health Goal – Maternal and Child Health

	Maternal Health Goal: Reduce severe maternal morbidity rate	Child Health Goal: Decrease asthma-related emergency department visit rates for ages 2-17
Measure	Severe Maternal Morbidity Rate per 10,000 delivery hospitalizations	Annual ED visit rate per 1,000 for ages 2-17
2018 Baseline	242.5 SMM Rate per 10,000 delivery hospitalizations	9.2 ED visit rate per 1,000 for ages 2-17
2021 Year 3 Milestone (All Met)	Restarted the Perinatal Quality Collaborative. Piloted a Severe Maternal Morbidity Review Process with eight Birthing hospitals Completed Maryland Maternal Strategic Plan. Launched MCH investments to support Medicaid/MCO and Public Health initiatives.	Obtained Population Projections. Developed of Asthma Dashboard. Launched MCH investments to support Medicaid/MCO and Public Health initiatives. Incorporated asthma-related ED visit as a Title V State Performance Measure and shifted some of the Title V funds for asthma-related interventions.
2023 Year 5 Target	219.3 SMM Rate per 10,000 delivery hospitalizations	Achieve a rate reduction from 2018 baseline to 7.2 in 2023 for ages 2-17
2026 Year 8 Final Target	197.1 SMM Rate per 10,000 delivery hospitalizations	Achieve a rate reduction from the 2018 baseline to 5.3 in 2026 for ages 2-17

HSCRC Quality Program Overview

- The purpose of the HSCRC Quality Program is to create all-payer incentives for Maryland hospitals to provide efficient high-quality patient care and to support delivery system improvements across the State.
- The overarching goals of the Program are to:

Implement standardized pay-for-performance programs that reward or penalize hospitals based on patient outcomes;

Utilize **a broad set of quality measures** that appropriately reflects the delivery of quality health care services provided at Maryland hospitals;

Provide timely and accurate year-to-date reports on quality initiatives using hospital case-mix data;

Align the incentives for enhancing health care quality in the hospital setting with **broader State health initiatives**.

Special Funding Programs

The Commission provides additional funding through the all-payer rate setting system to support SIHIS activities across the state.

Regional Partnership Catalyst Program

Supports hospital-led community partnerships that address statewide population health goals

Maternal and Child Health Initiative

Directs funding to Medicaid, MCOs, and the Prevention and Health Promotion Administration to address statewide maternal and child health goals

HSCRC Regional Partnership "Catalyst Program"

Purpose

Invests in hospital partnerships with community organizations to build **sustainable programs that support the population health goals** of the Total Cost of Care (TCOC) Model.

How it Works

- Hospitals must develop and maintain meaningful community partnerships related to program funding, resource sharing, and/or in-kind support.
- Funding streams are based on the Statewide Integrated Health Improvement Strategy (SIHIS) population health priority areas.

Funding Stream I: Diabetes Prevention & Management Programs	Funding Stream II: Behavioral Health Crisis Services
• Support implementation of CDC approved diabetes prevention programs and diabetes management programs	• Support behavioral health models that improve access to crisis services

- **Program timeline:** January 1, 2021 to December 31, 2025

HSCRC Regional Partnership "Catalyst Program" (cont.)

Funding and Collaboration

- The HSCRC is providing $165.4 million in five-year (2021-2025) cumulative funding to nine proposals.
  - $86.3 million to six diabetes proposals
  - $79.1 Million to three behavioral health proposals
- Over 30 hospitals participating in at least one Regional Partnership funding stream.
- Robust statewide community collaboration with 250+ community-partners, including local health departments, non-profits, local businesses, faith-based organizations, community healthcare providers, academic institutions, and others.

Diabetes Prevention & Management Programs Regional Partnerships
• Saint Agnes and Lifebridge Diabetes Health Collaborative • Baltimore Metropolitan Diabetes Regional Partnership • Nexus Montgomery (ended in 2022) • Totally Linking Care • Western Regional Partnership • Full Circle Wellness for Diabetes in Charles County

Behavioral Health Crisis Services Regional Partnerships
• Greater Baltimore Integrated Crisis System • Totally Linking Care • Tri-County Behavioral Health Engagement