

Maryland Health Services Cost Review Commission (HSCRC)

Maryland Department of Health (MDH)

Consumer Standing Advisory Committee (CSAC)- Scope and Charge

Updated – 6/28/2017

SCOPE

Background

Maryland has put in place a comprehensive approach to health care innovation. Maryland, under agreement with the Centers for Medicare & Medicaid Services (CMS), launched the All-Payer Model in 2014 to transform the health care delivery system. The All-Payer Model is changing the way Maryland hospitals provide care, shifting from a financing system based on volume of services to a system of hospital-specific global revenues and value-based incentives.

A key component of the Progression Plan for the next phase of the agreement with CMS is system-wide primary care transformation. Primary care is essential for patients with chronic diseases that progress over time, to prevent them from having to seek care in higher acuity care settings. However, many primary care settings lack the resources to meet the full range of needs of the growing number of patients with multiple chronic conditions. Necessary resources include care management, care coordination, and connections to behavioral health and social services.

Maryland, equipped with experience and expertise in primary care transformation, now proposes a Maryland-specific model The Maryland Primary Care Program to further support the objectives of the All-Payer Model. The Maryland Primary Care Program is a foundational payment and delivery system reform, which proposes strategies to transcend the silos that separate the many professionals who are seeing patients, by providing the technical assistance, learning systems, and increased funding streams to support care delivery transformation.

The design and implementation of the All-Payer Model and the Primary Care Program have included a broad diversity and array of stakeholders within the context of a number of work groups (e.g., Advisory Council, Payment Models Workgroup, Performance Measurement Workgroup, etc.) and other state agencies to create a person-centered model. In so doing, the HSCRC and Maryland Department of Health has recognized the critical role that engaged consumers must play - not only in their own health and wellness, but also in the health care delivery system and the policies that undergird it.

The APM and supporting Primary Care Program, as proposed, are some of the building blocks Maryland has in place to ensure its residents have access to both coverage and care that addresses their specific needs in a timely and appropriate manner. In designing, implementing, and overseeing the various health care delivery initiatives in Maryland, there is a recognition that a well-integrated approach is required. Further, the overall success of these modernization initiatives rests, in part, on the success of each individual component.

A proactive approach to informing consumers is essential to the success of each program and especially important to the overall success of health care delivery transformation in Maryland.

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Therefore, the HSCRC and MDH have reconvened the Consumer Standing Advisory Committee (CSAC) with representation that reflects the gender, racial, ethnic and geographic diversity of the state and a diverse cross-section of consumers, consumer advocates, relevant subject matter experts, and other stakeholders.¹

Purpose and Goals

The primary purpose of the CSAC is to provide the HSCRC (staff and Commissioners) and Maryland Department of Health with consumer perspective on the design and implementation of the All-Payer Model. More specifically, the CSAC will support the goals through:

- Ensuring that the interests, needs and perspectives of Maryland consumers and particularly those directly impacted by the APM and Primary Care Program, remain central to the modernization effort;
- Providing insights on strategies to engage consumers;
- Raising public awareness: of the APM and Primary Care Program as a vehicle to improve health and health care delivery for consumers/patients;
- Providing consumer perspectives to inform state policies related to the APM;
- Providing consumer subject matter expertise to inform accountability standards measured through patient reported outcomes for the Primary Care Program
- Supporting the integration of the APM and proposed Primary Care Program into other health care delivery innovation initiatives; and
- Addressing other areas as requested by the HSCRC and MDH.

CHARGE

The HSCRC and MDH charges to the CSAC include:

- Support and advise on consumer education and consumer groups about how to effectively communicate health innovation;
- Advise on mechanisms for feedback from consumers, including for comments, complaints and commendations related to the APM and the Primary Care Program;
- Advise on obtaining and reporting consumer feedback in a timely and transparent fashion;
- Advise the HSCRC and MDH on establishing regular, longitudinal and effective consumer engagement by hospitals, health care providers, health care payers, community-based organizations and relevant government agencies and Commissions in context of the APM;
- Advise HSCRC and MDH on performance measurement and disclosure to the public on measures such as:
 - Patient reported outcomes;

¹ See the Maryland Health Benefit Exchange (MHBE) and the Maryland Medicaid Advisory Committee (MMAC) as examples: <http://www.marylandhbe.com/policy-legislation/committees/standing-advisory-committee/> and <https://mmcp.dhmdh.maryland.gov/Pages/Maryland-Medicaid-Advisory-Committee.aspx>

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- Hospital patient waiting times and trends over time;
- Hospital staffing levels and trends over time;
- Complications of care; and
- Service costs
- Advise HSCRC and MDH on other opportunities to engage consumers in context of the APM.

To address its charge, it is understood that there will be a clear infrastructure and process to provide the CSAC with relevant data and information—i.e., policy making boards and relevant state and federal agencies, hospitals and their advisory councils, health care providers, community-based organizations and others involved with, and/or impacted by, the APM.

OTHER RELATED INITIATIVES IN THE STATE

Across the spectrum of Maryland's health care innovation initiatives, there is a recognized need to ensure the integration of programs and their underlying infrastructure. Central to this is the recognition of the need to provide for elements of consumer engagement at all levels and within the construct of all state initiatives. Therefore, the CSAC's work is integral to the activities of other state and external organizations. Examples include, but are not limited to: the Maryland Department of Health (MDH) and its committees and workgroups, for example, Duals Care Delivery Workgroup; Maryland Health Benefit Exchange (MHBE); Chesapeake Regional Information System for our Patients (CRISP) (the state's Health Information Exchange); Maryland Health Care Commission's (MHCC) Health Care Quality Reports; Maryland Health Homes for individuals with chronic conditions; and Community Health Resources Commission.