Maryland
DEPARTMENT OF HEALTH

2020

ANNUAL REPORT

MDPCP
MARYLAND PRIMARY CARE PROGRAM

ACKNOWLEDGMENTS

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Executive Summary

The 2020 Maryland Primary Care Program (MDPCP) Annual Report presents findings on the second program year and progress towards primary care transformation for 476 primary care practices across the state of Maryland. MDPCP supports Maryland's statewide health transformation with the goal of building a strong, effective primary care delivery system, inclusive of medical, behavioral, and social needs. The advanced primary care model in MDPCP includes targeted care management, behavioral health integration, screening and referrals for unmet social needs, and continuous, data-driven quality improvement. The Center for Medicare and Medicaid Innovation (CMMI) MDPCP team and the Maryland Department of Health Program Management Office (PMO) jointly manage MDPCP and provide support and technical assistance to practices. Practices can choose to receive additional support around staffing, technical assistance, and administration through a partnership with Care Transformation Organizations (CTOs). A team of practice coaches at the PMO work with practices and CTOs to progress through the program and implement care transformation requirements. Additional practice support includes: a comprehensive and free learning and education system; reports, dashboards, and outreach staff support from the state designated Health Information Exchange (CRISP); advanced analytics from The Hilltop Institute at the University of Maryland, Baltimore County (UMBC); implementation support for Screening, Brief Intervention, and Referral to Treatment (SBIRT) workflows for patients with behavioral health needs from Mosaic Group; and contractors supporting additional patient related needs.

As part of Maryland's Total Cost of Care (TCOC) Model, MDPCP is designed to operate from 2019 through 2026, at which point CMMI will evaluate how well the model met its goals to determine its permanence. Practices in MDPCP participate in either the basic track (Track 1) or the advanced track (Track 2). Practices in Track 2 receive additional payments through an adjusted pre-payment mechanism and are required to implement additional care transformation activities. Practices must transition from Track 1 to Track 2 no later than their third year of program participation.

Through investment in a robust, organized, and enhanced primary care system, MDPCP aims to reduce avoidable hospital and emergency department visits, lower overall health system costs, and improve quality outcomes for all Marylanders. Additionally, the integration of public health and primary care driven by MDPCP creates the infrastructure necessary for rapid coordination and response to public health emergencies, as seen through the COVID-19 pandemic. Additional details on payments and care transformation requirements are found in the body of the Annual Report.

Meeting MDPCP's Program Year 2 Objectives

The report that follows provides details on the rapidity of broad-based healthcare delivery transformation that occurred during the second program year (Program Year 2, or PY2) of MDPCP. Of the 476 practices that participated in 2020, the majority (74.4% or 354 practices) were Track 1 practices. About 41% of these Track 1 practices (147 practices) were able to

successfully transition to Track 2 for 2021. In PY2, practices made substantial gains in broad care transformation, quality, and utilization measures and finished the year meeting the second year objectives of the program:

- **Infrastructure Enhancement** - Continuing to build a strong, effective primary care delivery system to identify and respond to medical, behavioral, and social needs while contributing to controlling the growth of Maryland's Medicare Part A and B costs
- **Care Transformation** - Improving population health through continuous, relationship-based primary care that proactively addresses both medical and behavioral health needs, social needs, and provides continuity of care
- **Quality and Utilization Improvement** - Establishing data tools and quality improvement processes that allow practices to monitor their performance

Additionally, the emergence of COVID-19 in Maryland in March 2020 prompted MDPCP to adopt an *ad hoc* objective for PY2: **Support practice and CTO efforts to address COVID-19, thereby mitigating the disease's impact on the state**.

Infrastructure Enhancement

During PY2, MDPCP continued to foster a robust, statewide network of dedicated primary care practices that were eager to transform care to better serve their patients. MDPCP facilitated care transformation by engaging in a number of public-private partnerships in healthcare delivery. PY2 partnership activities included the following:

- Chesapeake Regional Information System for our Patients (CRISP) - Provided a suite of beneficiary claims reports designed for MDPCP practices
- The Hilltop Institute - Continually updated an Artificial Intelligence (AI) model developed with MDH for predicting avoidable hospital events that is available to practices through their CRISP dashboard
- Mosaic Group - Practice-level implementation of the evidence-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) program to address behavioral health needs
- Community-based organizations - Supported patients' social needs through electronic referrals
- Socially Determined, Inc. - Provided a specific COVID-19 Vulnerability Index (CVI) to practices to allow for prioritized, equitable attention to the needs of the most vulnerable patients

Care Transformation

The primary goal of MDPCP is the sustainable transformation of the delivery of primary care across the state to include all elements of advanced primary care to support the health needs of Marylanders. MDPCP practices must submit semiannual reporting on questions pertaining to meeting the program's five Care Transformation Requirements (CTRs) to show their progress in implementing care transformation. MDPCP practices' responses to CTR questions demonstrate that their capacity to meet various program CTRs improved significantly between Q1 of PY1 and

Q3 of PY2. From January 2019 until September 2020, the key takeaways from practices' responses to the CTR questions indicate that:

- Practices offered patients greater access to medical treatment.
- Practices' use of care management expanded.
- Beneficiary follow-up rates after ED and hospital discharge continued to increase.
- The number of practices that screen their beneficiaries for unmet social needs increased.

Prior to MDPCP, an important issue facing high-risk and rising risk Marylanders was the paucity of care management. By the end of PY2, MDPCP practices had brought 17.2% of Medicare fee-for-service (FFS) beneficiaries into care management using data-driven strategies for risk stratification.

Furthermore, by the end of 2020, 157 practices, with support from the State's contractor (The Mosaic Group), had fully implemented SBIRT, creating another line of defense against the opioid crisis in the community. To the best of our understanding, this is the largest implementation of SBIRT in primary care in the nation. The Annual Report to follow will provide much more detail on care transformation successes.

Quality and Utilization Improvement

In addition to the quarterly reporting on care transformation requirements, MDPCP practices were required to submit rosters for Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys and annual quality measures.

The practices were also evaluated on the Inpatient (IP)and Emergency Department (ED) utilization of their attributed Medicare beneficiaries under a HEDIS framework (Healthcare Effectiveness Data and Information Set) using a synthetic comparison group composed of virtual statewide practices. Of interest, MDPCP practices were provided both technical assistance and a specific artificial intelligence data-driven tool to focus their attention on ambulatory-sensitive, avoidable ED, and hospital visits. Key takeaways from practice quality and utilization results include the following:

- ***Clinical Quality*** *(compared to national CMS reporting)* - Clinical performance remained high despite the ongoing complications with the COVID-19 pandemic. The majority of practices continued to perform above the national median on both eCQMs.
- ***Patient Satisfaction*** *(compared to national Comprehensive Primary Care Plus (CPC+) practices)* - CAHPS performance decreased slightly; though due to the narrow performance margins and PBIP calculation methodology, this had a significant negative impact on PBIP retention.
- ***Utilization*** *(compared to all practices with Maryland FFS beneficiaries)* - Utilization decreased significantly when compared to historical, expected projections. Even after adjusting the benchmarks to be concurrent with 2020 Maryland utilization, MDPCP practices still performed better than the benchmark population.

- ***Cost*** *(compared to a closely-matched comparison group using a "difference-in-differences" analysis)* - MDPCP practices demonstrated reductions in utilization and cost savings even after accounting for the investment of program payments.

COVID-19

During 2020, MDPCP undertook a wide range of efforts to provide a bundle of COVID-specific support to practices and CTOs to help address pandemic-related concerns and effectively enhance the advanced primary care approach, such as:

- Initiation and execution of a webinar series to update participating primary care practices with timely information (e.g. epidemiological status of the pandemic, testing strategies, health equity data, etc.) regarding the pandemic along with resources and best practices they could use to mitigate its impact (e.g. safe office workflows, Personal Protective Equipment (PPE) use and access, etc.) during a time of misinformation and information overload
- Provision of daily clinical data to practices on hospital admissions, ED visits, workflow guidance, and data analytics tools to help anticipate avoidable complications
- Support of practice efforts to provide vulnerable patients with expanded care through telemedicine and special accommodations if they needed to be seen in person
- Enablement of practices to enroll in ImmuNet, a crucial step for receipt of the COVID-19 vaccines after the vaccines became available

As a result of these efforts, beneficiaries served by MDPCP experienced fewer cases of COVID-19, fewer hospitalizations, and fewer deaths than beneficiaries served by closely-matched practices.[11] The results were statistically significant.

Recommendations

The MDPCP PMO believes the implementation of a series of recommendations will enable MDPCP to build further on its successes at: enhancing infrastructure, transforming care, improving quality and utilization, and addressing COVID-19. The recommendations fall into four broad categories:

Recommendation 1: Concerning the Maryland State Government's Role in MDPCP

Given the significant investments that the State has made and will continue to make, the State requests a greater role to control the policies and operations of MDPCP and its interest in the creation of a sustainable, effective advanced primary care infrastructure for the health of all Marylanders.

Such an arrangement would provide for a smoother policy development process and greater buy-in from participants and state partners. Accordingly, the State and CMMI should commit to

[1] Perman C, Adashi E, Gruber E, Haft H. Improving COVID-19 Outcomes for Medicare Beneficiaries: A Public Health-Supported Advanced Primary Care Paradigm. The Milbank Memorial Fund. Published September 9, 2021.

collaborative, monthly meetings with leadership on both sides to determine policy and future strategy for the program. Meetings should include a jointly developed agenda, standing items, and review of current and future challenges.

Recommendation 2: Concerning Evaluation of MDPCP

To reduce confounding variables in the Program Evaluation, every effort should be made to maintain programmatic fidelity regarding program policy throughout the evaluation period. The State recommends that policy changes made to MDPCP recently should be taken into consideration when evaluating the program.

Recommendation 3: Concerning Performance-Based Incentive Payment (PBIP) Design Improvement

The State's recommendations for improvements to PBIP design are multi-faceted:

- In the wake of challenges experienced with the CAHPS measure nationwide during 2020, the State looks forward to meeting with CMMI to discuss opportunities to improve the approach to CAHPS.
- The State recommends exploring alternative methods of evaluating patient satisfaction. The State and CMMI have already begun initial discussions regarding piloting the new Patient Centered Primary Care Measure (PCPCM) patient satisfaction measure from the American Board of Family Medicine, and the State looks forward to the opportunity to submit a more detailed pilot proposal.
- The PBIP structure and requirement to attain 50% on Quality to qualify for any PBIP retention resulted in a significant negative impact to participants' 2020 performance. While the State supports the focus on clinical quality and patient satisfaction, the quality gate used for PBIP retention should be reevaluated.
- The State recommends setting benchmarks prospectively to reward good performance. Additionally, strategies to reward improvement in addition to attainment should be considered in future performance years.

Recommendation 4: Concerning an Increase in the Program's Focus on Health Equity

To achieve the State and CMMI's shared goal of advancing health equity, the State recommends an increased focus on health equity through initiatives such as: providing HEART payment support and technical assistance, sharing analysis of HEART payment effectiveness, exploring an equity-focused performance measure, disaggregating of CAHPS data in a feedback report, and including an equity lens in core CMMI documentation for the program.