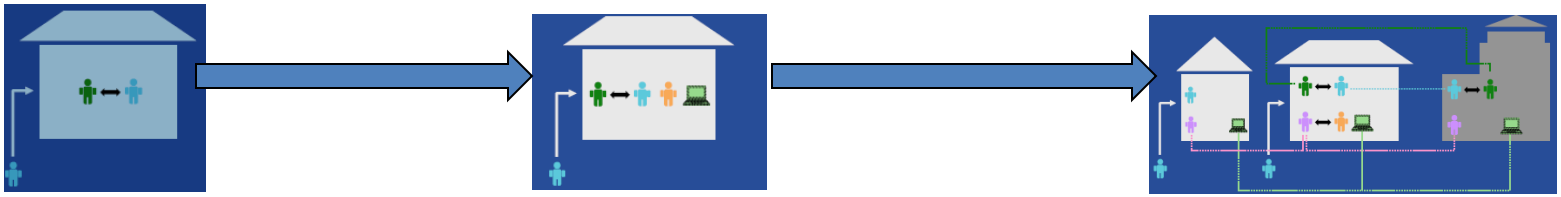

Maryland's Patient Centered Medical Home Pilot

Update of the Patient Centered Medical Home Workgroup

The Maryland Health Quality and Cost Council

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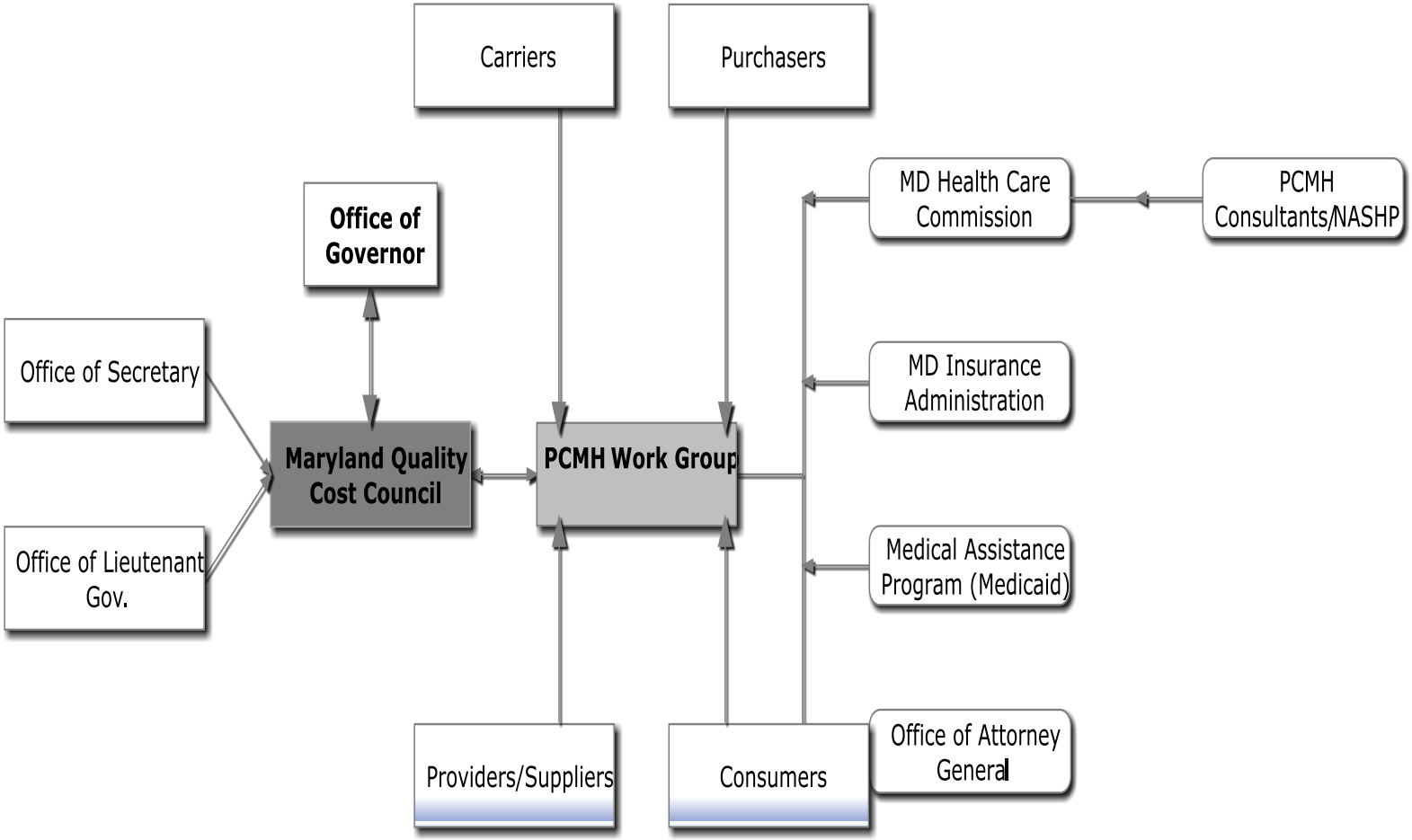
MARYLAND

Update on Workgroup Activities

- Resolving legal issues;
- Identifying quality measures;
- Obtaining technical assistance; and
- Establishing outreach strategy.

The Council's PCMH activities continue to engage stakeholders



Resolving legal issues

The State's current authority rests on the Executive Order establishing the Council.

The Workgroup has identified a number of impediments to **successful** implementation of a Pilot:

- Anti-trust concerns exist when carriers collaborate on payment;
- Carriers report that engaging self-insured employers is challenging;
- Current Maryland Insurance law limits:
  - Carriers' ability to share patient information with providers;
  - PPO plans' use of capitation; and
  - Carriers' use of performance-based payment systems based on cost-efficiency.
- Participation of Medicare may be contingent on a state having a formal structure.
- Proposed legislation will :
  - Resolve anti-trust issues by defining a clear state role (state action); explicate that PCMH is a state priority; and modify current Maryland insurance law;
  - Grant MHCC authority to establish the PCMH program;
  - Require "prominent payers" to participate; and
  - Sunset after 5 years.

Identifying Quality Measures

Areas of consensus among the Workgroup participants include:

- Work is underway to consider how quality measures integrate with participation in a recognition program;
- The importance of quality measures and the need to balance against the cost of data collection;
- Some measures should be collectable in a pre-test environment to establish a baseline performance level
  - Possibly use claims-based measures, but recognize limitations.
- Include population-specific (pediatric and adult) , disease-specific, and composite measures.
  - Bring in pediatric practices to reach agreement on pediatric measures, as existing measures are limited.
- Use existing measures, other things being equal.
  - Practices have gained significant experience using CPT-2 to report CMS's PQRI measures;
  - Some practices and plans are using the CPT-2 for claims submission.

Obtaining technical assistance

Through the National Academy for State Health Policy (NASHP) PCMH grant, we have limited consulting support to:

- Identify disease-specific and primary care performance measures for the pilot;
- Develop methods for a 'scalable' shared savings program;
- Identify approaches for practices to participate in the pilot;
- Establish a learning collaborative to support practice transformation (inexpensively).

NASHP consultants include recognized experts on PCMH and representatives from states (Colorado, Washington, Minnesota, Vermont, and Pennsylvania) that already have PCMH programs.

Plans are underway to release an RFP to identify a consultant to advise on the PMPM care coordination payment and the shared savings approach.

Proposed legislation contains authority for MHCC to conduct an evaluation of the pilot and consulting services will be sought to develop an evaluation methodology.

Establishing an outreach strategy

- A consultant is assisting in development of a media strategy. Initial tasks include creating materials for practitioners and for the media.

- Beginning in December 2009, informational meetings are being held with county medical societies and specialty societies.

- Planning for up to 6 local conferences for practitioners to be held around the state in the Summer of 2010 is ongoing. Multiple sponsors are being sought for each of these meetings.

- Development of a PCMH website for practitioners is underway.

PCMH Pilot Project Benchmarks
Timeline For Future Activities

Task 1: Complete Legal Analysis of Anti-Trust, ERISA, Privacy, Capitation, and Payment Withholds.

Assistant Attorneys General from the Maryland Insurance Administration (MIA) and the Dept. Health and Mental Hygiene (DHMH) have provided interpretation of current law and have recommended statutory changes in the Maryland Insurance Article and the Health General Article. Staff will complete a draft and identify legislative sponsor(s) by December 20, 2009.

- **Milestone: Introduce a bill by February 1, 2010 with commitments of support from all major stakeholders. Statutory change is anticipated to become law by July 1, 2010.**

Task 2: Develop Payment Methodology and Quality Measurement

The MHCC will procure consulting support for refining the "hybrid" reward approach and integrating the quality measures into the payment structure. Components of the reward approach are:

- Shared savings;
- Selection of disease-specific quality measures with an emphasis on the CMS Physician Quality Reporting Initiative (PQRI) measures, as appropriate;
- Evaluation of physician practices using the Johns Hopkins University Primary Care Assessment Tool (JHU PCAT) or the Agency for Healthcare Research and Quality Consumer Assessment of Healthcare Providers and System (CAHPS) Clinician tool.

- **Milestone: Reach agreement on payment methodology and quality measurement by May 1, 2010.**

PCMH Pilot Project Benchmarks
Timeline for Future Activities (continued)

Task 3: Resolve Medicaid participation and financing alignment. Determine and resolve barriers to Medicaid participation.

- Resolve PCMH reward structural issues for Medicaid participants and align with budget constraints and current law.
- Determine which managed care organizations will participate.

- **Milestone: Execute Agreements with Medicaid MCOs, with at least 2 MCOs agreeing to participate by June 1, 2010.**

Task 4: Establish the PCMH pilot outreach program for practices, employers, and consumers.

- Contract with a media consultant to develop Maryland-specific materials and combine with publically available materials.
- Disseminate PCMH outreach information via available public and professional media sources.
- Launch PCMH website, FacebookTM, and Twitter TM,

- **Milestone: Hold statewide symposia program beginning June 15, 2010.**