

MARYLAND HEALTH CARE COMMISSION

March 2015

The Maryland Health Care Commission (MHCC, or Commission) is an independent regulatory agency administratively located in the Department of Health and Mental Hygiene (DHMH) that is funded through assessments on social workers as well as the majority of Maryland's other health care providers and payers. Maryland's licensed social workers pay an assessment of \$36 at the time of renewal of a LCSW-C, LCSW, and LGSW license.

The MHCC's vision for Maryland is a health care system in which informed consumers and public and private stakeholders hold the health care system accountable for making significant improvements in performance. Such a system will create market-based incentives for health care providers to control costs and deliver the best quality, most affordable care.

To achieve this vision, the MHCC has four strategic priorities to drive increases in health care value for Maryland residents –

1. Expanding Public Reporting of Health System Performance to Drive Transparency;
2. Elevating Advancement of Primary Care in Maryland by promoting prevention and ongoing care management to drive health system improvement;
3. Modernizing Health Planning to Address the Changing Capacity Needs of a High-Performing, Integrated Health System; and
4. Promoting Use of Health Information Technology (HIT) to Maximize Meaningful Information Sharing.

The Commission staff works collaboratively with the Board of Social Work Examiners and Maryland's other professional licensing boards in monitoring and reporting on the status of Maryland's health care workforce and in devising strategies for addressing disparities in access to care. In addition to that collaboration, Commission staff have redesigned the online licensing software for the Board of Social Work Examiners, as well as twelve other Boards' licensing applications, to include a new credit card interface.

At 6 percent of total medical spending, Maryland's investment in primary care is lower than in some other states. Maryland needs to have significantly improved primary care capacity and capability in order to make the health system more affordable. MHCC is involved at multiple levels, from assembling information on the primary care work force, to working with payers and providers to launch new initiatives.

Maryland's Patient Centered Medical Home (PCMH) Program, originally devised by the Commission staff in collaboration with a members of a planning workgroup under the direction of the Maryland Health Quality and Cost Council in 2009-10, encourages use of a multi-disciplinary team of health care workers, including clinical social workers, led by a primary care physician or certified nurse practitioner in providing primary care services and coordinating patients' health care services for those participating in the program. Some of the key components of the PCMH model of care include providers' development of care plans for each patient, adoption of electronic health records systems and flexible appointment

scheduling, extended office hours, patients' access to care teams via email, and use of registries for tracking needed primary care services. Maryland's PCMH program has been evolving since it became operational in 2011. MHCC currently regulates payors' single carrier PCMH programs and collaborates with DHMH in planning for the next generation of advanced primary care programs that will include care coordination for patients through engaging community health care workers in each of Maryland's counties, Baltimore City, or other planning regions of Maryland. Many of those care teams include LCSWs.

The Commission also seeks to eliminate disparities in care provided to Maryland's patients. One program devoted to reduction of disparities is the Health Enterprise Zones' PCMH (HEZ-PCMH) program, which also encourages development of care teams in affiliation with local departments' staff, their community health workers, and social workers, both general and clinical.

Maryland has been ahead of most states in developing our Health Information Exchange infrastructure. While HIT adoption continues to grow among health care organizations of all sizes, there remains large untapped potential for HIT to drive more value for Maryland's overall economy and for the health care sector. An ongoing focus for the MHCC will be to help stakeholders use this infrastructure to create practical applications that the system needs to increase efficiency, improve safety, and reduce costs. Efficiently implemented telehealth (the delivery of health education and services using telecommunications and related technologies in coordination with a health care professional) can offer increased economic returns for our state. The Commission's Telehealth Task Force has recommended that payors (both commercial health benefit plans and Maryland's Medicaid plans) expand coverage for telehealth services beyond those provided by physicians.

Some of the current telehealth and telephone consultation programs include E-Behavioral Health (E-BH) providing behavioral health care at a distance for children and adolescents; and B-HIPP—the Maryland Behavioral Health Integration in Pediatric Primary Care program, a free service offering behavioral health support for pediatric primary care providers. The B-HIPP consultancy team consists of child psychiatrists, psychologists, and social workers from the University of Maryland and Johns Hopkins who are specialists in child mental health.

For more information regarding the Maryland Health Care Commission, please visit: www.mhcc.md.gov

Prepared by:

Bridget A. Zombro, Director of Administration
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215
[\(410\) 764-3558](tel:(410)764-3558)
Bridget.Zombro@maryland.gov