

MDPCP at a Glance

Annual Report Snapshot Year 1- 2019

During its first year, the MDPCP had three objectives:

- Infrastructure development
- Care transformation
- Quality and utilization improvement.

This MDPCP Annual Report Snapshot summarizes the MDPCP program's accomplishments for each objective during its first year.

Infrastructure Development

Building 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.



MDPCP created a robust network of dedicated primary care practices eager to transform care to better serve their patients. 380 practices supported by CTOs, Practice Coaches, and a learning system



MDPCP has developed a broad set of partners including:

CRISP – suite of analytical reports

The Hilltop Institute at UMBC – model predicting avoidable hospital events

Mosaic Group – processes to address substance use

Electronic Medical Record optimization vendor – enhancing practices' use of clinical data

Community-based organizations – linking practices and community partners to address social needs

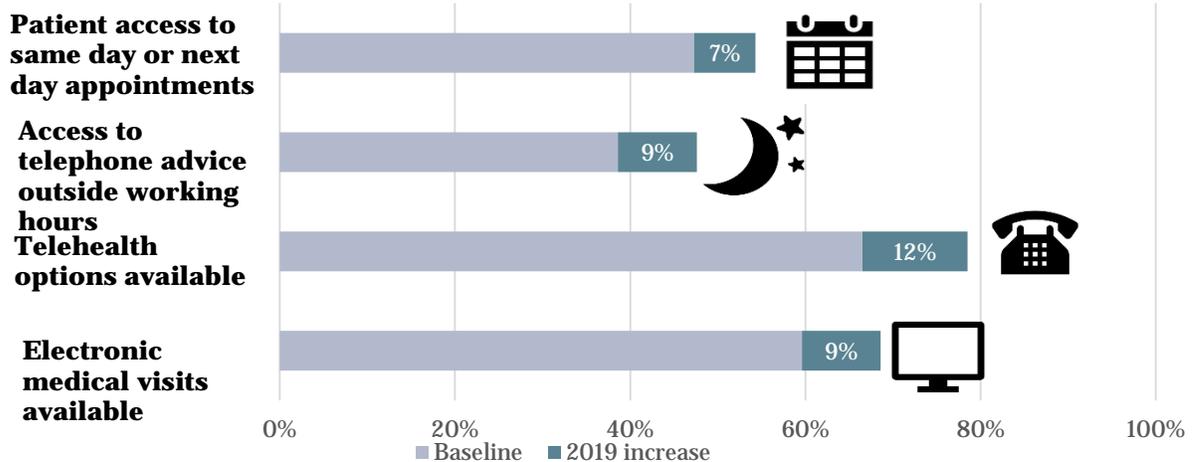
“We have to go upstream to really identify the root cause of why our clients struggle to stay healthy. MDPCP recognizes the importance of focusing on the holistic patient and the CRISP referral system is very helpful.” - Care coordinator at MDPCP practice

Care Transformation

Improving population health through continuous, relationship-based primary care that proactively addresses both medical and behavioral health needs, as well as social determinants of health and provides continuity of care.

MDPCP practices increased patient access to services during 2019.

Increase in Patient Access to Primary Care Providers during 2019



The percentage of patients in longitudinal care management increased by 39%— from 7.2% to 10.0%.



Nearly all practices (95%) integrated behavioral health services by the end of quarter 4.



117 practices have implemented Screening, Brief Intervention, and Referral to Treatment (SBIRT) for opioid use – the largest roll-out of this program nationally to date.

“Why did this program not exist much sooner? It gives me peace of mind that someone cares enough to proactively call me to see how I am doing. My care manager is always patient and nice. I really appreciate that.” – Patient at one MDPCP practice

Quality and Utilization Improvement

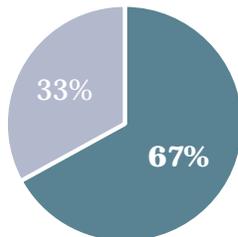
Establishing data tools and quality improvement processes that allow practices to monitor performance

The majority of MDPCP practices had outcomes above median primary care practices on key clinical quality and utilization outcomes.

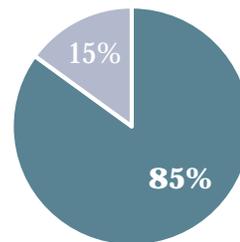
Clinical Quality Outcomes

Percentage above the 50th percentile in national Merit-Based Incentive Payment System (MIPS) Reporting.

Better Control of High Blood Pressure



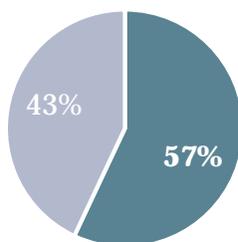
Better Control of A1C



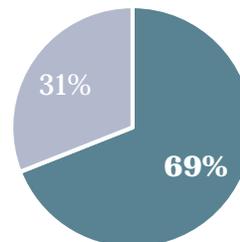
Utilization Outcomes

Percentage above the 50th percentile in all practices with Maryland FFS beneficiaries.

Better Inpatient Utilization



Better Emergency Care Department Utilization



■ Above 50th percentile ■ Below 50th percentile