Executive Summary

The 2021 Maryland Primary Care Program (MDPCP) Annual Report presents findings on the third program year and progress towards primary care transformation in 525 primary care practices across 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) and the Maryland Department of Health Program Management Office (PMO) jointly operate MDPCP and provide support and technical assistance to practices.

As part of Maryland's Total Cost of Care (TCOC) Model, MDPCP is designed to operate from 2019 through 2026. At the end of 2023, CMMI will evaluate how well the Model met its goals of reduced Medicare costs and improved quality. MDPCP supports the overall Model goals 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 evidenced by response to the COVID-19 pandemic. In 2021, COVID-19 and public health integration defined the program. MDPCP demonstrated its critical role in maintaining the health of Marylanders. MDPCP continued to expand comprehensive, advanced primary care across the state, while addressing the COVID-19 pandemic through broad implementation of telehealth, testing, therapeutics, and vaccination. Maryland was one of the first states to engage the field of primary care in fighting the pandemic. In fact, Maryland is currently home to one of the largest primary care vaccination networks in the country. The program also analyzed its impact on COVID-19, finding an 18% lower rate in COVID-19 deaths, accompanied by lower rates of cases and hospitalizations against a comparable population. Despite the many hardships placed on the Maryland community during this time, MDPCP practices and their Care Transformation Organizations (CTOs) rose to the challenge and were able to maintain access and staffing. This was in part due to the advanced payments and support provided by MDPCP. While much of the country saw primary care practices closing their doors, MDPCP practices remained open and accessible. MDPCP demonstrated to the nation both the foundational role of advanced primary care in preserving health and the importance of providing enhanced resources to a broad and well-organized network of practices.

Key program results from each section of the report are below.

Reach and Scope	• Engaged with 525 practices, approximately 67% of eligible practices • Managed the health of over 392,000 fee-for-service beneficiaries, approximately a 10% increase since 2019 (not including other beneficiaries and patients)
COVID-19	• Facilitated the delivery of 70,000 point-of-care tests to practices • Ensured 314,090 beneficiaries completed the COVID-19 vaccine primary series

	• Implemented the Triple Play Strategy framework to systematically deliver testing, therapeutics and vaccines through MDPCP practices • Published study findings of better COVID-19 health outcomes associated with MDPCP practices
Health IT	• Increased usage of the Chesapeake Regional Information System for our Patients Reporting Services (CRS) MDPCP data reports by 74% among MDPCP practices and Care Transformation Organizations over the base year average of 2,036 report loads • Developed two new reports, implemented two new tools, and improved existing reports in response to practice and provider feedback in CRISP
Health Equity	• Incorporated health equity as an additional program focus and as a program goal • Received a multi-million dollar grant from the U.S. Centers for Disease Control and Prevention to expand health equity initiatives including expansion of social needs screenings and implementing data tools to assess disparities in clinical quality outcomes
Performance	• Achieved lower COVID-19-related health impacts relative to comparison group • Achieved scores better than the national average in electronic Clinical Quality Measures for diabetes and hypertension control • Achieved a reduction in avoidable hospital utilization (as measured by a decrease of Prevention Quality Indicator (PQI)-like events per every 1,000 MDPCP attributed beneficiaries) compared to the previous year • Ensured 100% of MDPCP practices implemented a strategy to integrate behavioral health into practice workflows
Quality Improvement and Learning	• Renewed focus on quality improvement (QI) by fostering the “all teach, all learn” culture • Established the Learning Advisory Council to gather feedback regarding the Learning System from key stakeholders

Per the TCOC Model contract, the PMO may provide recommendations annually to the Centers for Medicare and Medicaid Services. As such, the PMO makes seven recommendations to CMMI to improve MDPCP policy and operations in 2023 and beyond:

1. **Direct Participant Feedback:** Collaborate with the PMO to collect program feedback, including opportunities for improvement, directly from program participants.
2. **Track 2 Option Maintenance:** Maintain the Track 2 option as a sustainable payment model for practices that may be reluctant or unable to accept significant downside financial risk.
3. **Total Cost of Care (TCOC) Measure Weight Reduction:** Reduce the weight of the TCOC measure in the MDPCP performance framework to 5% as a reflection of the approximate portion of the TCOC that goes to primary care.
4. **Payer Alignment Oversight:** CMMI should set minimum standards for alignment and actively monitor implementation of the agreed-upon standards on the aligned payer Memorandum of Understanding (MOU).
5. **HEART Payment Use – Expansion of Flexibilities:** Increase the effectiveness of Health Equity Resource Advancement and Transformation (HEART) Payment funds by enabling broader use of funds at the practice level, use of funds for medication cost-sharing, and use of funds for non-Medicare-covered equipment.
6. **Track 3 Performance-Based Adjustment:** Evaluate, monitor and restructure the budget neutrality mechanism in PBA under Track 3 with consideration to adjust

payments based on fair prospective benchmarks that would allow all practices to be graded based on an external benchmark.

7. **Retroactive Change to Performance Measure Benchmarks:** Establish a regular period annually for the State PMO and CMMI to review and finalize benchmarks for the forthcoming year. Commit to making changes jointly with the PMO only when absolutely necessary and communicate these changes to participants as far in advance as possible. While this recommendation has been made in the past, retroactive changes have continued due to the public health emergency, and thus the issue is highly sensitive for participants.