

## **Maryland Primary Care Program (MDPCP)**

**Briefing for the House Health and Government Operations Committee** 

**Executive Director, MDPCP Management Office** 

Jan 24, 2023

## Agenda

- Key Facts and Highlights
- Overview of the Maryland Primary Care Program (MDPCP)
- Accomplishments
- What's Next



## **Key Facts and Highlights**



## **Key Facts**

- MDPCP is the largest Medicare advanced primary care program in the nation. MDPCP is in the 5th year of operation and covers every Maryland county and serves approximately 4 million Marylanders.
- Approximately \$200M annually in Federal dollars is sent directly to primary care practices for patient care.
- Approximately \$5.6M in FY23 Federal grants to fund MDH operations - support practices in addressing health equity, behavioral health, COVID-19 and data-driven patient care.



## **MDPCP Impacts on Utilization and Costs**

Reduced acute utilization per 1,000 beneficiaries, 2019-2021:\*

6% greater reduction when compared to the Equivalent Non-Participating Population

- Reduced Avoidable hospital utilization (PQIs) by 26% over base year 2019.
- Reduced Emergency Department (ED) utilization by 17.4%.
- Reduced Inpatient Hospitalization (IP) utilization by 12.2%.

21% greater reduction when compared to the Equivalent Non-Participating Population

- Lower growth in Costs Per Beneficiary Per Month, 2019-2021:\*
  - 17% lower increase of costs compared to equivalent non-participating population.



<sup>\*</sup>Rates are risk-adjusted, which accounts for differences in patient population illness acuity, to allow for direct comparison

## **MDPCP** Recent Accomplishments

- Health Equity Rolled out nation's first direct payment to practices to better address patient's social needs.
- Education and Support Transitioned MDPCP Learning and Quality Improvement program from federal government to MDH.
- **Governor CMS Agreement** Executed Amendment to TCOC Model to establish Track 3 (including release of a new Request for Applications).
- Opioids/Substance Use Disorder Implemented Screening, Brief
   Intervention and Referral to Treatment (SBIRT) protocol into over 350 practices or 69% of MDPCP practices.

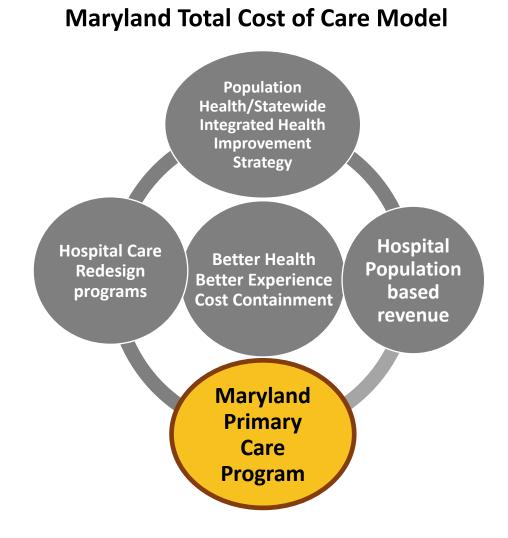
## **Overview of MDPCP**



## Maryland Primary Care Program (MDPCP) Supports Statewide Health Transformation

#### MDPCP is....

- A statewide advanced primary care program
- Goal: Build a strong, effective primary care delivery system, inclusive of medical, behavioral and social needs
- Part of Maryland Total Cost of Care model, a statewide healthcare delivery transformation
- Reducing avoidable hospital utilization by improving health and providing the best care at the right time at the right place

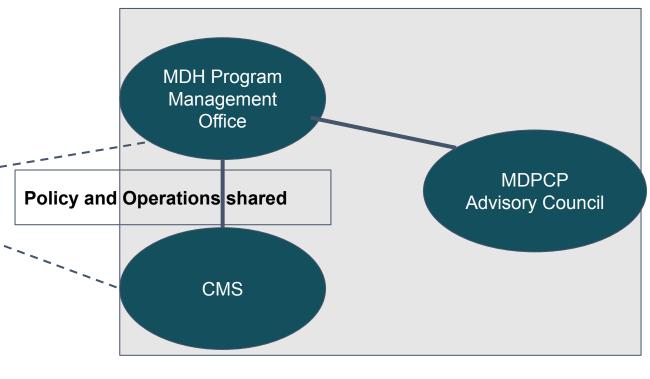


## **MDPCP Structure**

#### **Primary Care Participants**

# **Practices Care Transformation Organizations (CTO)**

#### **Program Administration**





## MDPCP in 2023 - 537 Participating Practices

**Support infrastructure** – 25 Care Transformation Organizations

**Statewide** – Practices in every county

State Wide Tractices in every country			MI	17/19	Winchester S Nover
PARTICIPANTS	2019	2020	2021	2022	Queen Anne's  Anne Arum el na polis  Delaware
Practice sites	380	476	562	545**	OV Prince George's Caroline
CTOs	21	23	24	24	Dale Cit
Providers in MDPCP	~1,500	~2,000	~2,150	~2,150	Charles Convert Dorchester
FFS beneficiaries attributed†	220,000 (28,717 duals)	356,000 (45,031 duals)	392,000 (60,000 duals)	376,000 (54,000 duals)	Fredericksburg St. Many's fornia  Worcester  Somerset
Estimated Marylanders served	2,000,000 – 3,000,000*	2,700,000 - 3,800,000*	over 4,000,000*	over 4,000,000*	** 545 sites across 508 official participants in 2022

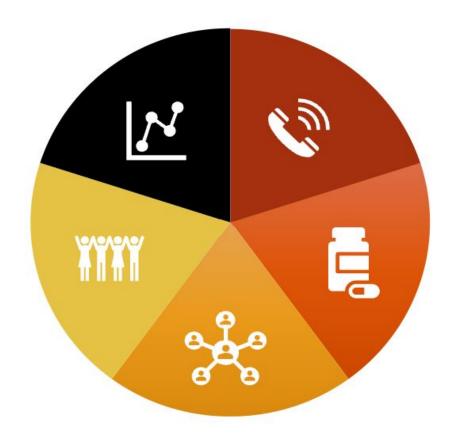
Largest state program in the nation - by number of practices and practices per capita (compared to CMS' national Primary Care First Model)

**Gerrett** 

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## Implementing MDPCP's Advanced Primary Care Requirements

#### **Care Transformation Requirements**



Access & Continuity – Expanded Access | Alternative Visits (+Telemedicine)

Care Management - Risk-Stratification | Transitional Care Management | Longitudinal, Relationship-Based | Comprehensive Medication Management

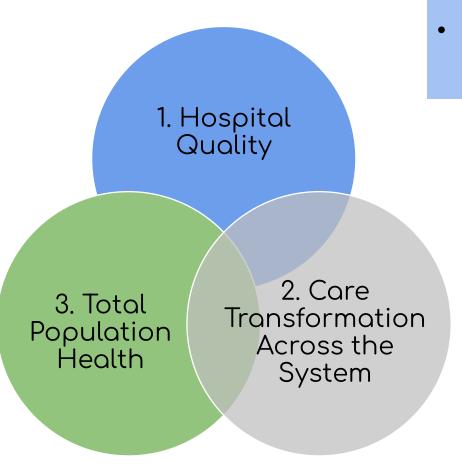
Comprehensiveness & Coordination - Behavioral Health Integration | Social Needs Screening & Referral

**Beneficiary & Caregiver Experience** - Patient Family Advisory Councils | Advance Care Planning

Planned Care for Health Outcomes - Continuous

Quality Improvement | Advanced Health Information
Technology | CRISP

## MDPCP Aligned with State's Population Health Strategy (SIHIS)



#### **Hospital Quality**

- Reduce avoidable admissions
  - MDPCP focuses on reducing PQIs by building care management infrastructure and providing CRISP/Hilltop data reports

#### **Care Transformation Goals**

- Improve care coordination for patients with chronic conditions
  - MDPCP requires 1)timely follow up for Inpatient admissions and ED visits; 2) longitudinal care management

#### **Total Population Health Goals**

- Priority Area 1 (Diabetes): Reduce mean BMI
  - MDPCP practice performance on Diabetes A1C quality measures has improved since 2019
  - BMI and follow up plan quality measure
  - Building tools to alert practices on prediabetes and education/QI to refer to DPP
- Priority Area 2 (Opioids): Improve overdose mortality
  - Implemented SBIRT into over 350 practices
  - Planning for MOUD implementations
  - Piloting non-fatal overdose alert for practices

## **MDPCP Payer Alignment**

#### Alignment in 5 areas:

- Financial Incentives/
  Non-visit based payments
- Care Management
- Quality Measures
- 4. Data Sharing
- 5. Practice Learning

2019

Medicare



2020



2023\*

Medicaid (\*IN DEVELOPMENT)

## Health Equity in Everything We Do

MDPCP is committed to achieving <u>equitable quality of care, access to care, and outcomes</u> <u>at the primary care level</u>. The three core areas of support for practices around health equity are: *Culture of Equity, Data, and Workflows* 

#### **Culture of Equity**

- HEART Payment directs funding to target social needs
- Support workplace culture of equity internally
- Incorporate health equity lens into all MDPCP <u>training</u> offerings

#### **Data**

- CRISP reporting platform with abundant equity data
- Statewide platform for <u>clinical quality data with an equity lens</u>
- Stratify MDPCP reports for internal and external audiences

#### Workflows

- Social needs screening and referrals
- COVID vaccine administration at primary care practices
- Community Health Worker integration support
- <u>Health literacy</u> workshops

## Accomplishments



## Lower Inpatient and Avoidable Hospital Utilization, 2019 - 2021

## Equivalent non-participating population

A subset of the statewide nonparticipating population, demographically matched to the participating pop by age, sex, dual eligibility, and county of residence

## Statewide non-participating population

All Medicare FFS beneficiaries who are eligible for MDPCP and not attributed to a participating provider

	Category		Base Year 2019	2020	2021	Total Percent Change	
Inpatient (IP)	Statewide Non-Participating		247	215	223	-9.7%	
	Population	% Change from Prior Year	N/A	-13.1%	3.9%	-9.1 70	
	Equivalent Non-Participating		248	215	224	-9.9%	
	Population	% Change from Prior Year	N/A	-13.2%	4.1%	21%	
			244	211	215	difference	
	MDPCP	% Change from Prior Year	N/A	-13.6%	1.7%	-12.2%	
Avoidable Hospital Events (IP and ED)*	Statewide Non-Participating		90	68	67	-25.6%	
	Population	% Change from Prior Year	N/A	-24.2%	-1.8%		
	Equivalent Non-Participating		86	65	65	-24.7%	
	Population	% Change from Prior Year	N/A	-24.6%	-0.0%	6%	
	мррор		87	65	64	difference	
	MDPCP	% Change from Prior Year	N/A	-24.7%	-2.1%	-26.3%	

<sup>\*</sup>Uses the AHRQ specifications for avoidable inpatient admissions + ED visits

## **COVID-19 Response Highlights**



Facilitated delivery of 70,000 point-of-care (POC) tests to PCPs



Hosted <u>38 webinars</u> for providers, support staff, and administrators



Ensured 314,090
beneficiaries completed the
COVID-19 primary vaccine
series

Maryland is home to the largest known primary care COVID-19 vaccine program in the nation



## **National Recognition**

- MDPCP presentation to National Academy (NASEM) for the "Strengthening Primary Care" webinar
  - One pager
  - Slide deck and recording
- <u>JAMA Article</u>: The Maryland Primary Care Program—A Blueprint for the Nation?
- HEART payment presentation at 2022 American Academy of Family Physicians Family Medicine Experience Conference
- Milbank Issue Brief: Improving COVID-19 Outcomes for Medicare Beneficiaries: A Public Health—Supported Advanced Primary Care Paradigm

### The Maryland Primary Care Program: Successful State Innovation Integrating Primary Care and Public Health

The Maryland Primary Care Program (MDPCP), a partnership between the Maryland Department of Health and the Center for Medicare and Medicaid Innovation (CMMI), is demonstrating that sufficient strategic investments in primary care can enable the delivery of high-value care that improves health equity while reducing costs. This advanced primary care program launched in 2019; within two years of its onset, 2/3rds of all eligible primary care practices (525) had enrolled and Program Year three (PY3), 88% of participating practices have transitioned to the advanced level of the program, signifying delivery of advanced primary care.

MDPCP has achieved this success through four key strategies:



#### INCREASE IN PRIMARY HEALTH CARE INVESTMENT

See NASEM Report

A successful Advanced Primary Care program needs to provide sufficient resources to meet the needs of the patient population. In MDPCP, this means supplying adequate financial funding to support team-based care and providing additional state resources available that support the goals of population health. The Medicare non-visit-based payments made to MDPCP participants in 2021 averaged ~\$31 per beneficiarp per month (PBPM), which approximately doubles the average overall payments. Even after accounting for this level of financial support, a study done by the Maryland Health Services Cost Review Commission using a difference-in-difference methodology and risk adjusted comparison group estimated that MDPCP practices had a net savings over the first two years of the program of \$16 million even after accounting for the additional investments.



#### PRIMARY HEALTH CARE DASHBOARDS

Early on, MDPCP worked with Chesapeake Regional Information System for Our Patients (CRISP), the state health information exchange (HIE), to develop dashboards, reports, and other tools for practices. These tools allow for data-driven practice transformation and include:

- Alerts when patients are seen in Emergency Departments (ED), admitted, and discharged from hospital
- Claim-based utilization data parsed by race, ethnicity, sex, and age
   Area Deprivation Index (ADI) by patient, Hierarchical Condition Category (HCC) score by patient
- Comparison data to other MDPCP and non-MDPCP practices
   Prevention Quality Indicator (PQI) reports
- An Al tool Prevent Avoidable Hospital Events (Pre-AH) that ranks patients on probability of an avoidable ED/hospital event in the next 30 days
- Online bidirectional referral to Community Based Organizations (CBOs)



When the pandemic began, MDPCP worked ith partners to develop a vaccine tracker. This tracker provides practices vaccine status and includes a dashboard. detailing demographics or the patient population a critical step in examining the equity of vaccine access and delivery. In addition the practices were provided with a COVID-19 Vulnerability Index in order to prioritize equitable care.



## **Just Released: JAMA Publication**

Association of Participation in the Maryland Primary Care Program With COVID-19
Outcomes Among Medicare Beneficiaries

Statistically significant results from this study include:

Higher COVID-19
vaccination rates in all study months (Dec 2020
- March 2022)

7.6% lower rate of overall COVID-19 cases

27% lower death rate attributed to COVID-19

12.4% higher rate of COVID-19 vaccine boosters

12% lower in patient admission rate attributed to COVID-19

## What's Next



## What's Next for 2023

- Track 3: Implementation of new Track 3 in 154 practices.
- Long-term Vision: Obtaining stakeholder feedback in development of long-term MDPCP plan under Model.
- Better Outcomes: Continued focus on reducing avoidable hospital utilization, COVID-19 and addressing health equity.
- Expanding Access:
  - Adding aligned payers, including Medicaid.
  - Recruiting for final application period (2024 Start).



## Annual Report Snapshot, Year 3 - 2021

#### Year 3

Find below the links to the report, including:

- MDPCP 2021 Annual Report
- MDPCP 2021 Executive Summary
- MDPCP 2021 Annual Report Snapshot

Links forthcoming! Awaiting CMMI approval to share

#### Year 2

Find below the links to the report, including:

- MDPCP 2020 Annual Report
- MDPCP 2020 Executive Summary
- MDPCP 2020 Annual Report Snapshot

#### Year 1

Find below the links to the report, including:

- MDPCP Year 1 Annual Report
- MDPCP Year 1 Executive Summary
- MDPCP Year 1 Visual Summary

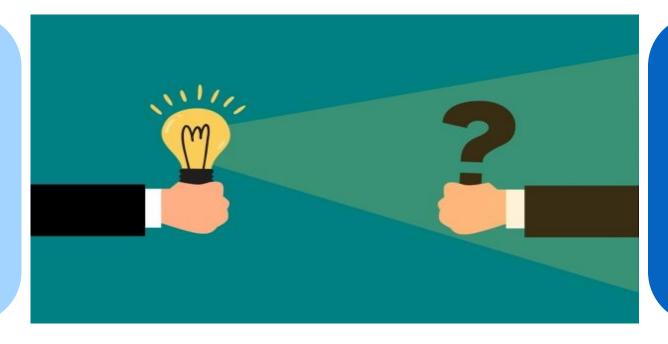
More information about MDPCP can be found on our website.

You can reach us with any questions at <a href="mailto:mdh.pcmodel@maryland.gov">mdh.pcmodel@maryland.gov</a>.



## Thank You!

Check out the MDPCP website for updates and more information



Email
mdh.pcmodel@maryl
and.gov with any
questions or
concerns

## Any questions?

