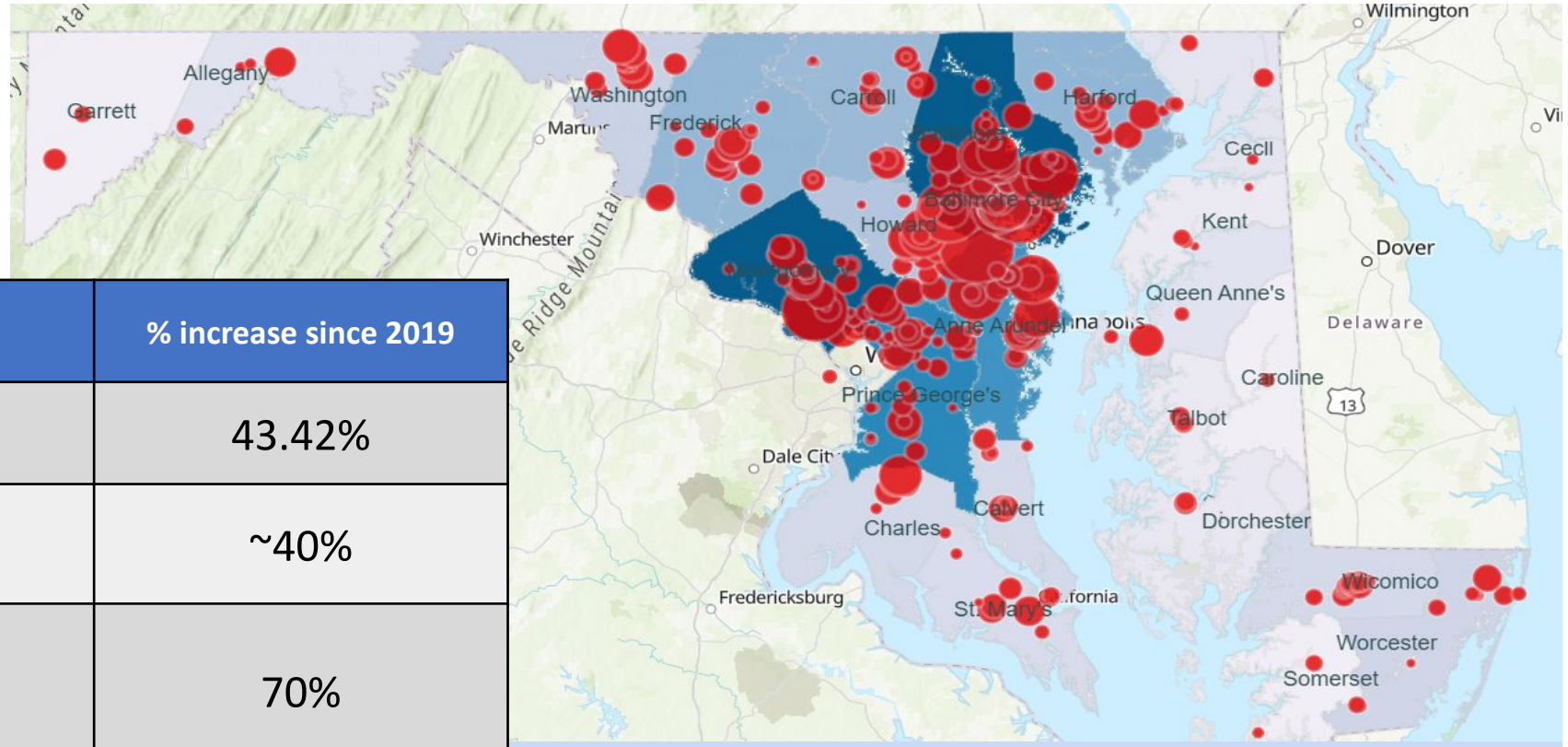
Maryland
DEPARTMENT OF HEALTH

Presentation to
National Academy of Science, Engineering and Medicine
Maryland Primary Care Program
Successful State Innovation
Integrating Primary Care and Public Health

23 March 2022

Maryland Primary Care Program, 2019- 2022

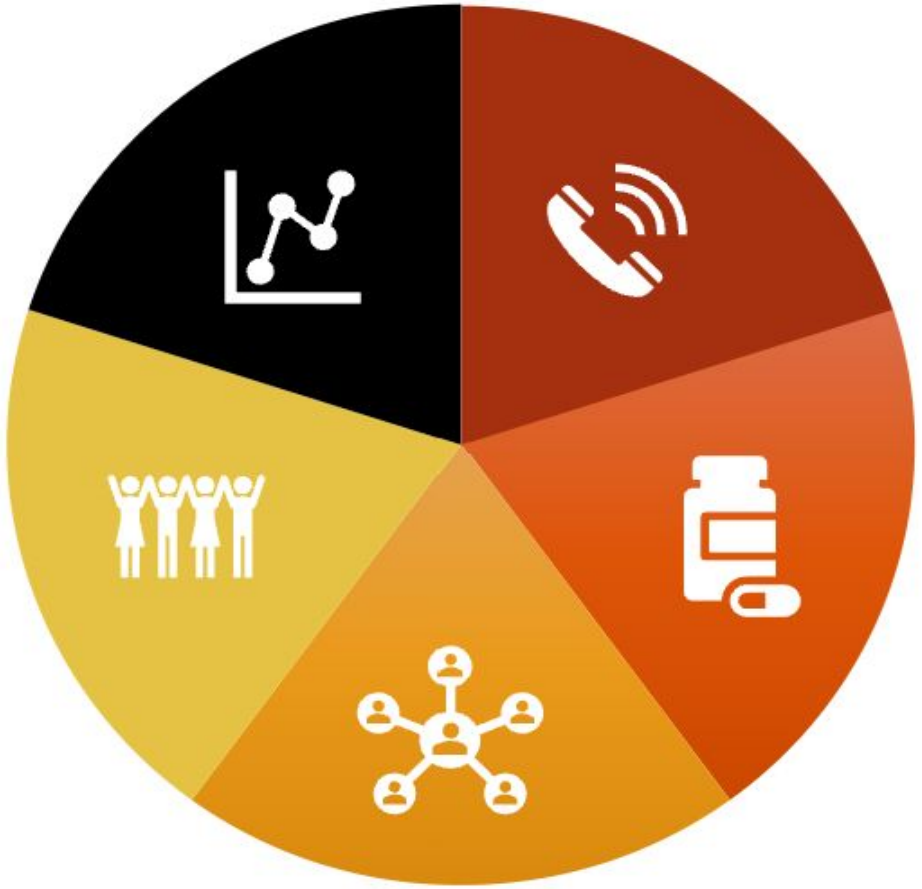
PARTICIPANTS	2022	% increase since 2019
Practice sites	545**	43.42%
Providers in MDPCP	~2,100	~40%
FFS beneficiaries attributed	374,000	70%
Marylanders served	over 4,000,000*	~ 33.3%



***545 sites* – 7 FQHC organizations represent 44 site locations (508 official participants)**

*The Annals of Family Medicine, 2012
https://www.annfammed.org/content/10/5/396

MDPCP's Practice Transformation



Access & Continuity - 24/7 access to care team | Expanded access, including telemedicine

Care Management - Risk-Stratification | Transitional Care Management | Longitudinal, Relationship-Based Care Management | Hospital & ED follow-up | Comprehensive Medication Management

Comprehensiveness & Coordination - Specialist Coordination | Behavioral Health Integration via SBIRT & Collaborative Care |Social Needs Screening & Referral

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

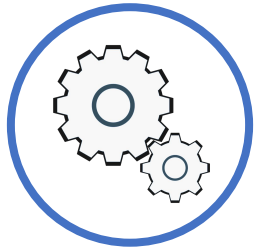
Planned Care for Health Outcomes - Continuous Quality Improvement | Advanced Health Information Technology | CRISP

Strategically Enhancing Primary Care

INCREASE IN PRIMARY HEALTH CARE **INVESTMENT**

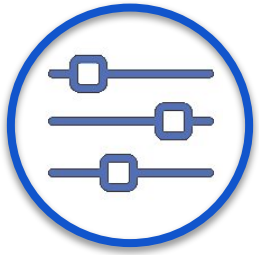
- Medicare average PBPM increased to ~$62 PBPM
- Broad span with ~66% of all eligible primary care practices in multipayer program
- In kind contributions from State support

PRIMARY HEALTH CARE **DASHBOARDS** ON CRISP



- Consistent monthly updates, including utilization data parsed by demographics
- AI predictive tools to identify patients at risk for avoidable hospital events
- Hospital and ED Event Notification System and clinical info access

RISK ADJUSTMENT AND **EQUITY**



- By HCC score and ADI (HEART Payments)
- COVID-19 Vulnerability Index, ADI directed HEART payments
- Bidirectional referrals to CBOs
- CHWs, team based care, quality and utilization data parsed by demographics

PUBLIC HEALTH INTEGRATION

- Leadership
- Vaccines, testing, communications, therapeutics, and population health data
- Education and training programs

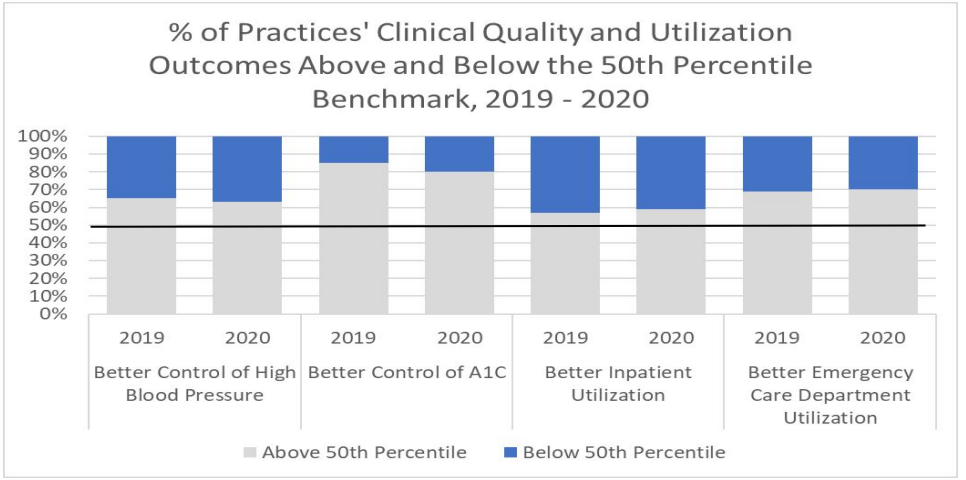
Quality and Utilization Improvement

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

CLINICAL QUALITY

Compared to national CMS reporting

The majority of practices continued to perform above the national median on both eCQMs. Note that these metrics are measured for all patients in the practice.



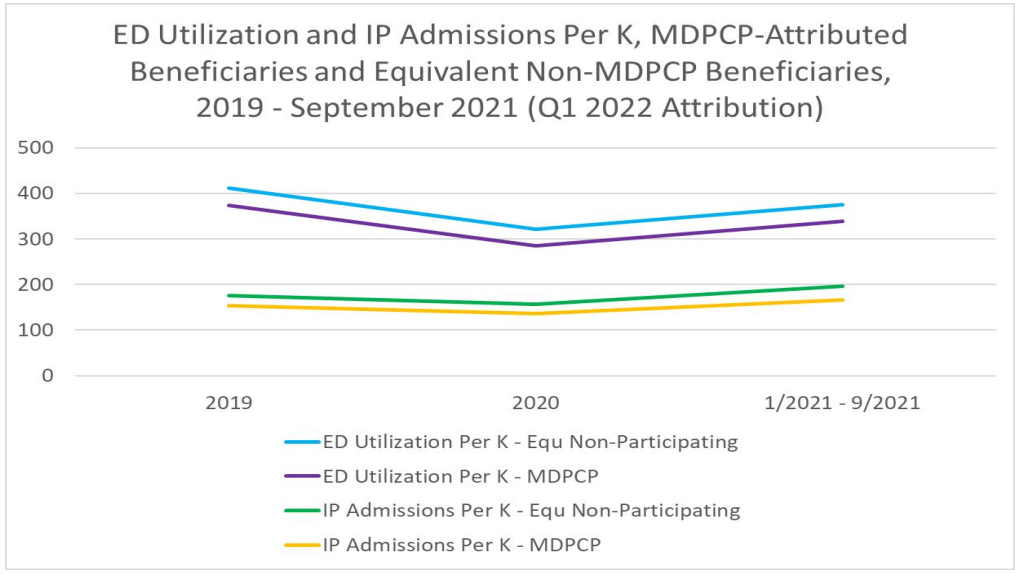
Source: MDPCP 2020 Annual Report

*50% line denotes national median for quality measures and Maryland median for utilization metrics

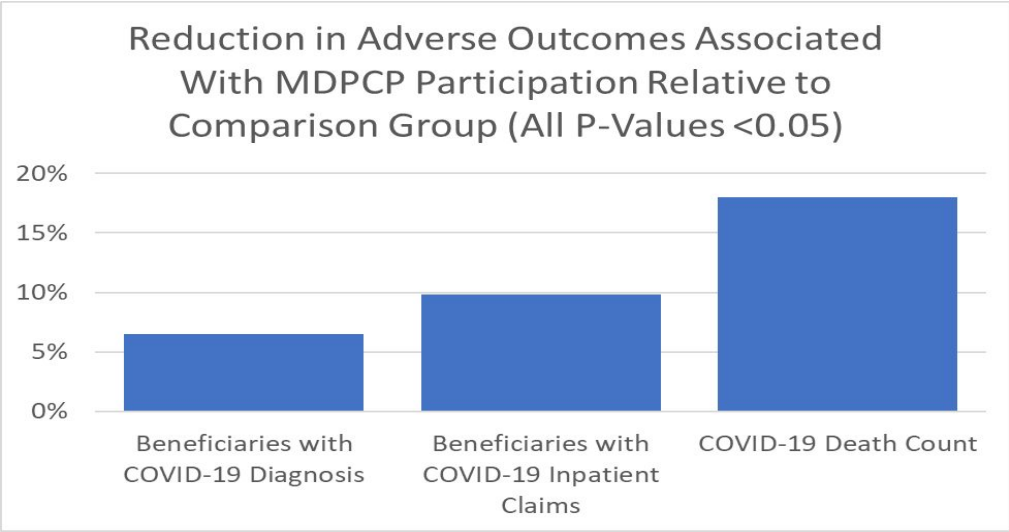
UTILIZATION

Compared to all practices with Equivalent Group MD FFS beneficiaries

Utilization decreased significantly when compared to historical, expected projections. Even after adjusting for the pandemic, MDPCP practices still performed better than the benchmark.



Saving Lives While Saving Money

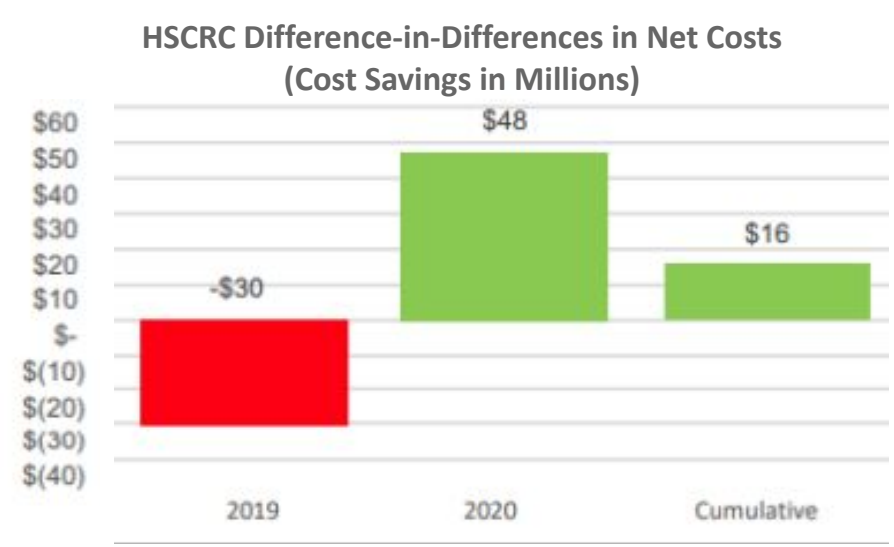


COVID-19 Outcomes

Relative to a comparison group using a matching analysis

Beneficiaries attributed to MDPCP practices had lower rates of COVID-19 diagnosis, inpatient claims, and deaths for the timeframe 1/1/2020 - 1/31/2021

Milbank Memorial Fund

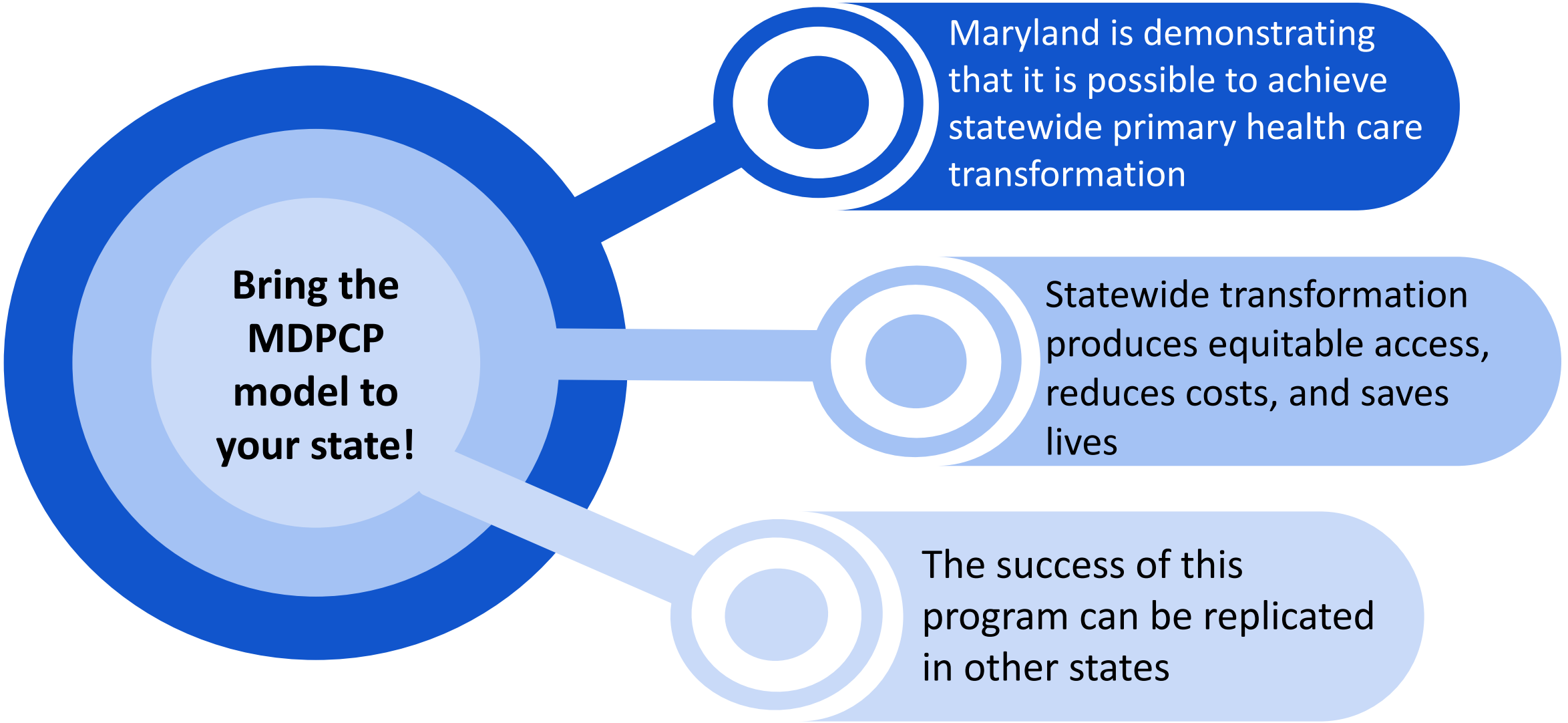


*The cumulative savings are less than the difference between 2019 and 2020 due to compounding.

COST

Compared to a closely-matched comparison group using a "difference-in-differences" analysis

MDPCP practices demonstrated reductions in utilization resulting in cost savings, even after accounting for the investment of program payments.

MDPCP 2020 Annual Report

Key Takeaways