Maryland
DEPARTMENT OF HEALTH

SIHIS Population Health Overview

Presentation to the Maryland Medicaid Advisory Committee

March 22, 2021

Agenda

- Statewide Integrated Health Improvement Strategy (SIHIS) Overview
- Total Population Health Domain Priority Areas
  - Diabetes
  - Opioid Use
  - Maternal and Child Health
    - Severe Maternal Morbidity
    - Pediatric Asthma
- Discussion

Maryland
DEPARTMENT OF HEALTH

SIHIS Overview

Erin Schurmann, HSCRC

Maryland
DEPARTMENT OF HEALTH

maryland
health services
cost review commission

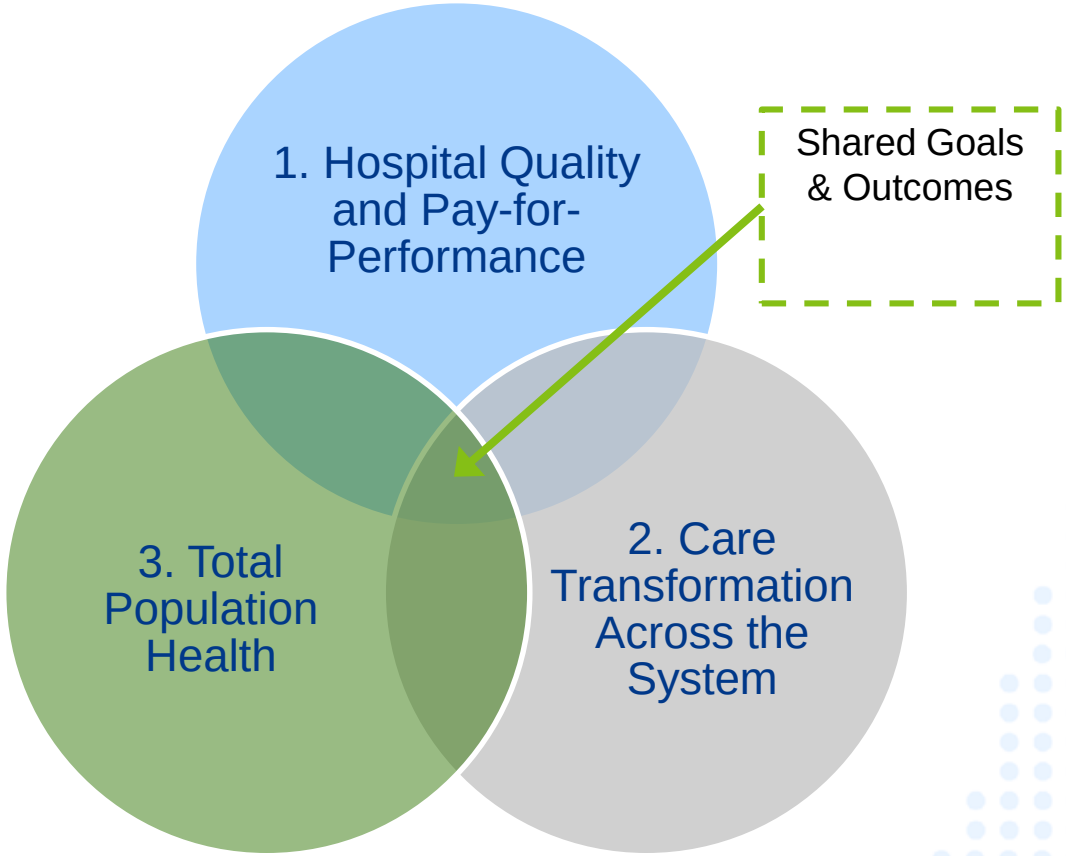
Statewide Integrated Health Improvement Strategy

Maryland Medicaid Advisory Committee Presentation

Erin Schurmann
Chief, Provider Alignment and Special Projects
Erin.Schurmann@Maryland.gov

Statewide Integrated Health Improvement Strategy (SIHIS)

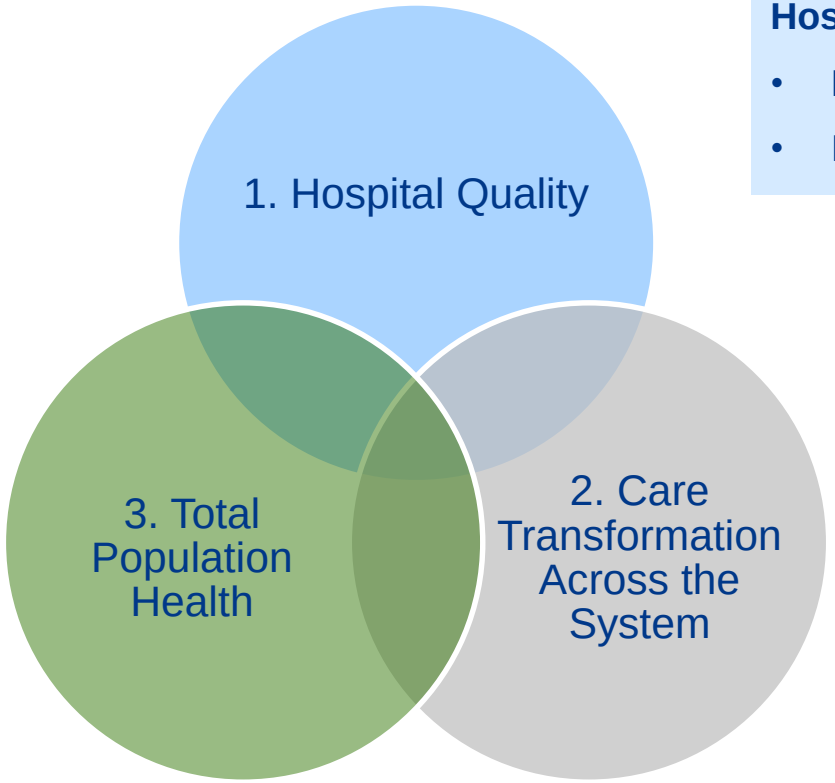
- In December 2019, Maryland & CMS signed a Memorandum of Understanding (MOU) agreeing to establish a **Statewide Integrated Health Improvement Strategy**.
- This initiative is designed to engage State agencies and private-sector partners to collaborate and invest in improving health, addressing disparities, and reducing costs for Marylanders.
- The State submitted its proposal outlining goals, measures, milestones, and targets to CMMI on December 14, 2020. The full proposal, which is pending approval by CMMI, can be read on the HSCRC website.



Guiding Principles for Maryland's Statewide Integrated Health Improvement Strategy

- Maryland's strategy should fully maximize the population health improvement opportunities made possible by the TCOC Model
- Goals, measures, and targets should be specific to Maryland and established through a collaborative public process
- Goals, measures and targets should reflect an all-payer perspective
- Goals, measures and targets should capture statewide improvements, including improved health equity
- Goals for the three domains of the integrated strategy should be synergistic and mutually reinforcing
- Measures should be focused on outcomes whenever possible; milestones, including process measures, may be used to signal progress toward the targets
- Maryland's strategy must promote public and private partnerships with shared resources and infrastructure

Statewide Goals Across Three Domains



Hospital Quality

- Reduce avoidable admissions
- Improve Readmission Rates by Reducing Within-Hospital Disparities

Care Transformation Proposed Goals

- Increase the amount of Medicare TCOC or number of Medicare beneficiaries under value-based care models*
- Improve care coordination for patients with chronic conditions

Total Population Health Proposed Goals

- Priority Area 1 (Diabetes): Reduce the mean BMI for adult Maryland residents
- Priority Area 2 (Opioids): Improve overdose mortality
- Priority Area 3 (Maternal and Child Health Priority Area):
  - Reduce severe maternal morbidity rate
  - Decrease asthma-related emergency department visit rates for ages 2-17

*Value-based models including the Care Redesign Program, Care Transformation Initiatives, and qualifying successor models.

Total Population Health – Priority Areas

Priority Area 1: **Diabetes**	• Identified as a statewide priority by Maryland State Secretary of Health & the statewide ***Diabetes Action Plan*** is now available on MDH website
Priority Area 2: **Opioids**	• Identified as a statewide priority by Lieutenant Governor through the Maryland Heroin and Opioid Emergency Task Force in 2015 • State of Emergency declared by Governor Hogan in 2017
Priority Area 3: **Maternal & Child Health**	• Maternal and Child Health identified as a SIHIS recommendation by the Maternal and Child Health Task Force formed by House Bill 520/Senate Bill 406

Questions?

Erin Schurmann

Chief, Provider Alignment and Special Projects

Erin.Schurmann@Maryland.gov

Read the full SIHIS Proposal:

https://hscrc.maryland.gov/Pages/tcocmodel.aspx

Diabetes

Sadie Peters, Center for Population Health Initiatives

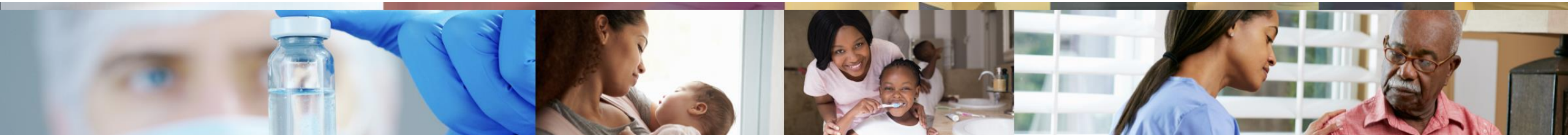
Maryland
DEPARTMENT OF HEALTH

Maryland
DEPARTMENT OF HEALTH

Diabetes in SIHIS: Collaborating for Greater Impact

Sadie Peters, Medical Director, Center for Population Health Initiatives
Maryland Department of Health

Monday, March 22, 2021



Diabetes by the Numbers in Maryland

2.1M Estimated number of adults with diabetes or prediabetes.

1.6M Maryland adults with prediabetes, 9 out of 10 do not know they have it.

500K Maryland adults with diabetes.

6th Leading cause of death in Maryland

2B Annual loss in Maryland economic productivity as a result of prediabetes and diabetes.

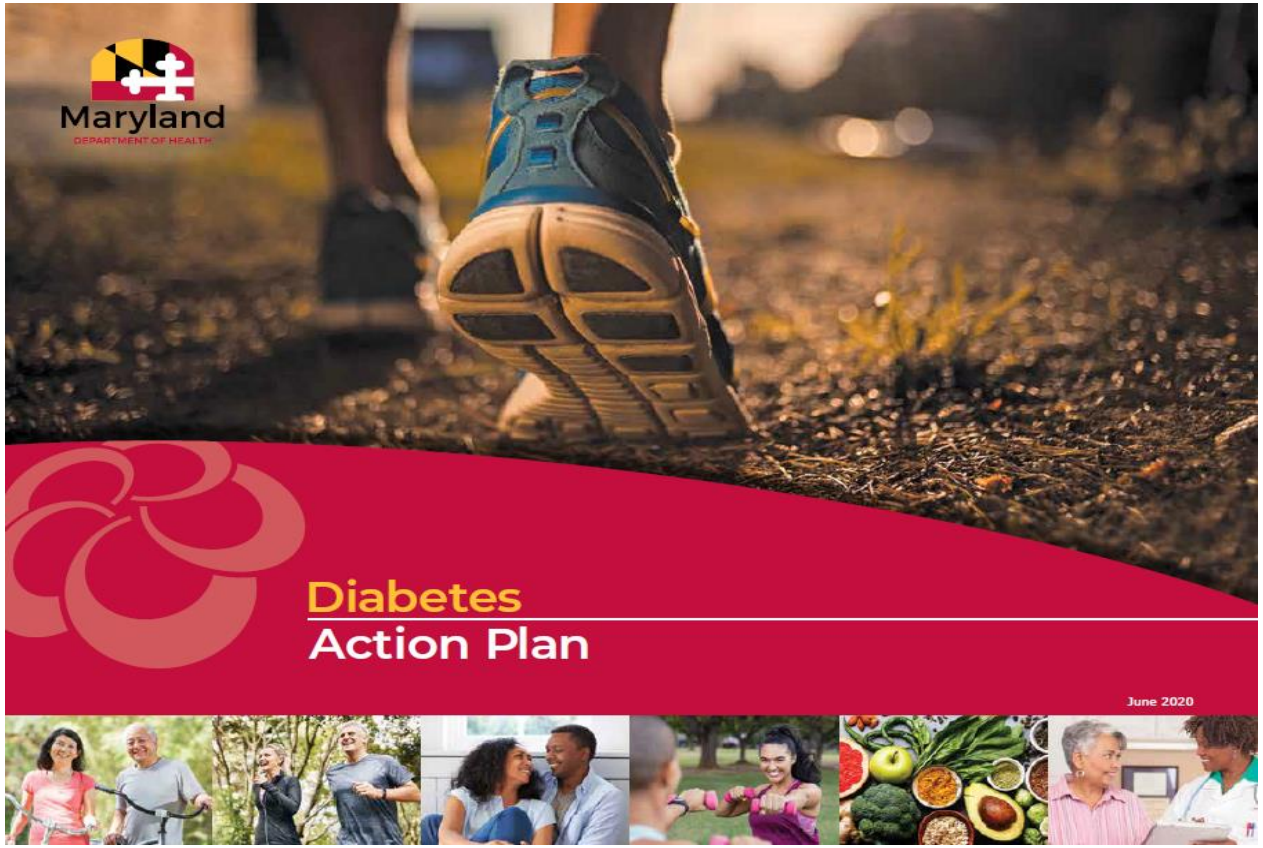
4.9B Estimated annual medical costs for Maryland as a result of diabetes and prediabetes.

2-3xs Higher estimated medical expenses for people with diabetes.

American Diabetes Association

Maryland DEPARTMENT OF HEALTH

The Maryland Diabetes Action Plan

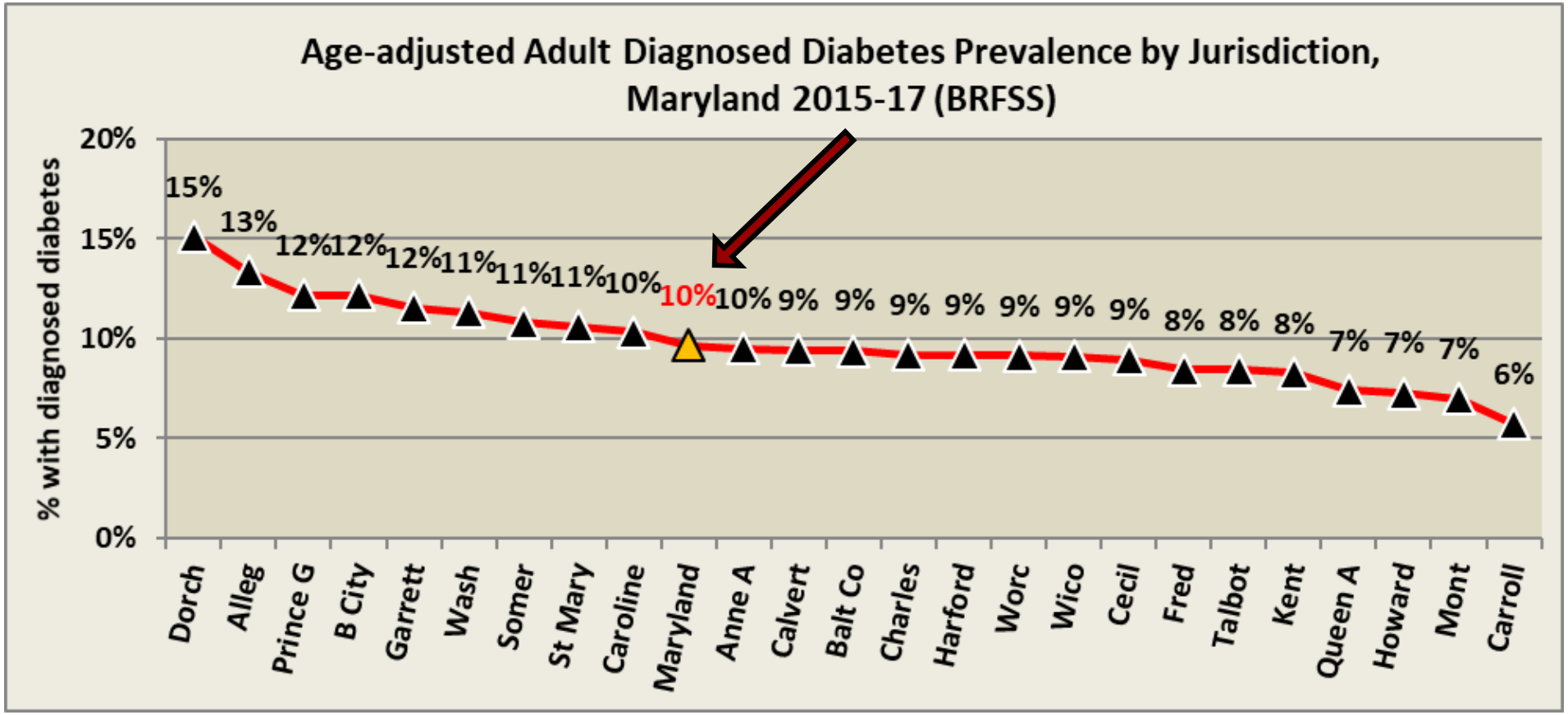


- Collaboration
- Aligned Resources
- Local Expertise

https://phpa.health.maryland.gov/CCDPC/Pages/diabetes-action-plan.aspx

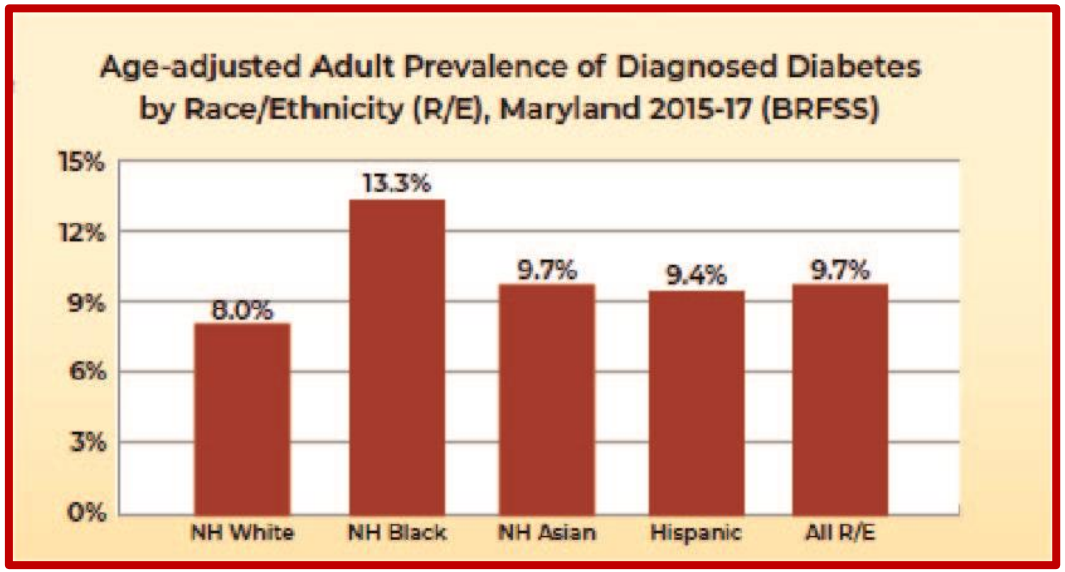
Maryland
DEPARTMENT OF HEALTH

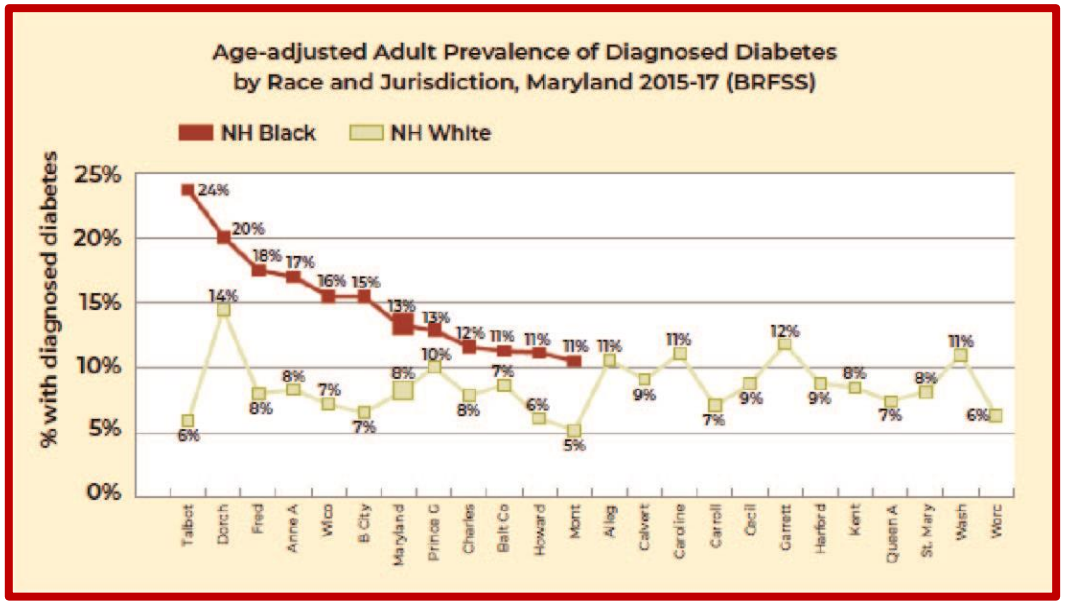
Diabetes Prevalence by Jurisdiction in Maryland



Maryland
DEPARTMENT OF HEALTH

Diabetes Prevalence by Race and Ethnicity





Maryland
DEPARTMENT OF HEALTH

Action Steps for Every Partner Type

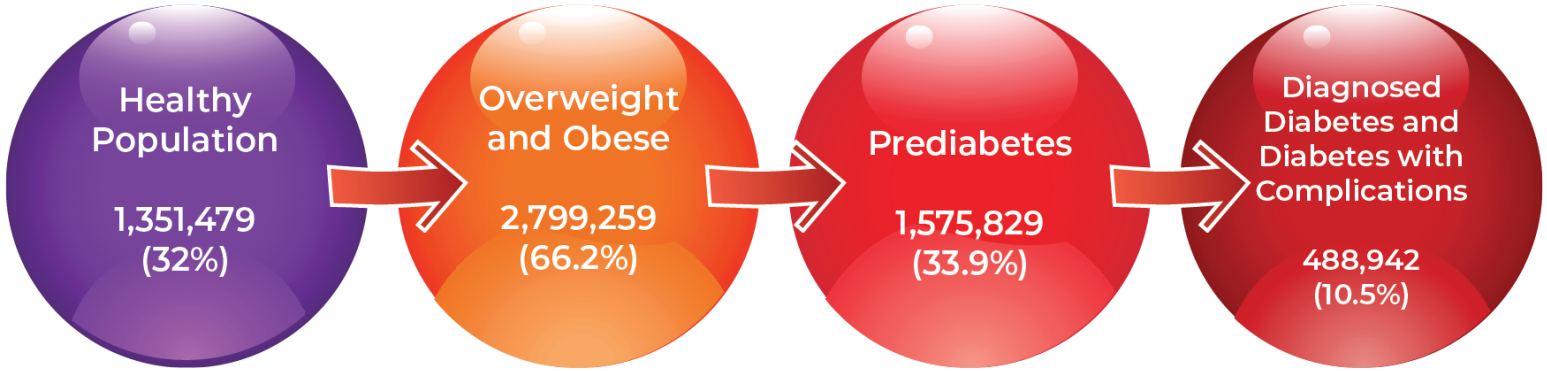
Action for Every Partner Type

- Health Care Providers
- Health Systems
- Community Groups
  - Faith-based and community organizations
- Schools
- Employers
- Health Insurance Payers
- State and Local Government
- https://phpa.health.maryland.gov/CCDPC/Pages/diabetes-action-plan.aspx

Maryland
DEPARTMENT OF HEALTH

SIHIS Diabetes Priority Addresses Upstream Risk

Diabetes Risk Continuum



Based on Maryland Adult Population, sources: US 2017 Census; 2017 Maryland BRFSS; and Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2017. Categories are not equal, percentages in this figure do not equal 100.

Maryland
DEPARTMENT OF HEALTH

SIHIS Goal and Milestones for Diabetes

	Goal: Reduce mean BMI for Maryland adults (from BRFSS)
Measure	Mean BMI in the population of adult Maryland residents
2018 Baseline	State Mean BMI for 2018
2021 Year 3 Milestones	Identify the cohort of states that will serve as the control group to measure progress
	Launch the Diabetes Prevention and Management Program track of the HSCRC Regional Partnership Catalyst Grant Program
	Incorporate BMI measurement for all patients as a quality measure for all MDPCP practices; for patients with elevated BMI, require documentation of follow up plan
	Expand CRISP Referral Tool to Regional Partnerships to increase referrals for Diabetes Prevention Programs
2023 Year 5 Target	Achieve a more favorable change from baseline mean BMI compared to control states
2026 Year 8 Target	Achieve a more favorable change from baseline mean BMI compared to control states

Diabetes Investments in Maryland

HSCRC Regional Partnership Catalyst Grants:

- 86.5 Million over 5 years in grants to hospitals required to “work in collaboration with Local Health Improvement Coalitions …”

CHRC and MDH Combined Resources:

- The CHRC is investing 1M to strengthen LHICs and build their capacity ($41,667 to each health department)
- MDH is complimenting their grants by funding technical assistance
  - >Structure and Governance
  - >Stakeholders and partner engagement
  - >Data Management and Utilization
  - >Community Engagement

Maryland
DEPARTMENT OF HEALTH

Maryland Diabetes Quality Task Force

Goal: Improve diabetes quality of care across the state

- Evaluate current clinical quality
- Decide on measures with targets for 5 & 10 years
- Recommend paths for achieving those targets
  - emphasis on attaining **equity**
- Recommend mechanisms for surveillance

Expected outcomes:

- Policy recommendations addressed through legislation or regulation
- Clinical and public health recommendations that align with the main goals of the Maryland Diabetes Action Plan
- Reduction in diabetes morbidity and mortality inequities





Maryland
DEPARTMENT OF HEALTH

Contact Us

Maryland Department of Health
Center for Population Health Initiatives
Office of the Deputy Secretary for Public Health Services

Sadie Peters, MD, MHS
Medical Director
sadie.peters@maryland.gov

Lisa Marr
Project Manager
lisa.marr@maryland.gov

Anne Langley, JD, MPH
Director
anne.langley@maryland.gov

Nancy Beckman
Project Manager
nancy.beckman@maryland.gov

Maryland
DEPARTMENT OF HEALTH

Opioid Use

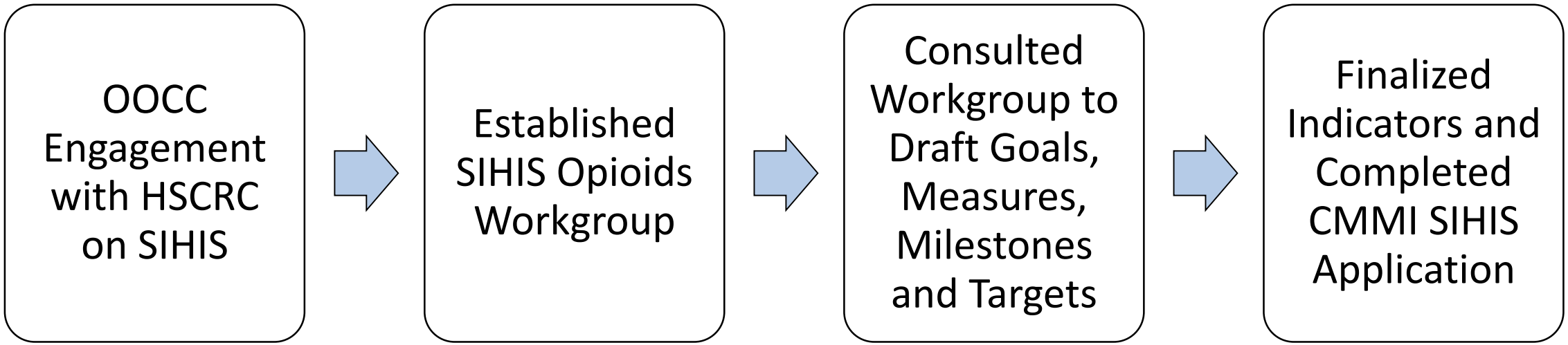
Steve Schuh, Opioid Operational Command Center

Maryland
DEPARTMENT OF HEALTH

Maryland
OPIOID OPERATIONAL COMMAND CENTER

Maryland Medicaid Advisory Committee
March 22, 2021

State Integrated Health Improvement Strategy Process



Goal: Improve overdose mortality in Maryland*

Measure	2018 Baseline	2021 Year 3 Milestone	2023 Year 5 Interim Target	2026 Year 8 Final Target
Annual change in overdose mortality as compared to a cohort of states with historically similar overdose mortality rates and demographics	Age-adjusted death rate of: 37.2/100,000	Implement SBIRT in 200 practices by the end of 2020 Increase the number of screenings and brief interventions from the baseline of 2019 (first year of the program) to 2021 Identify the cohort of states that will serve as our control group to measure progress. Enter into DUAs if necessary Launch Behavioral Health Crisis Programs track of the HSCRC Regional Partnership Catalyst Grant Program	Achieve a more favorable trend in overdose mortality rate as compared to the weighted average of control states.	Achieve a more favorable trend in overdose mortality rate as compared to the weighted average of control states.

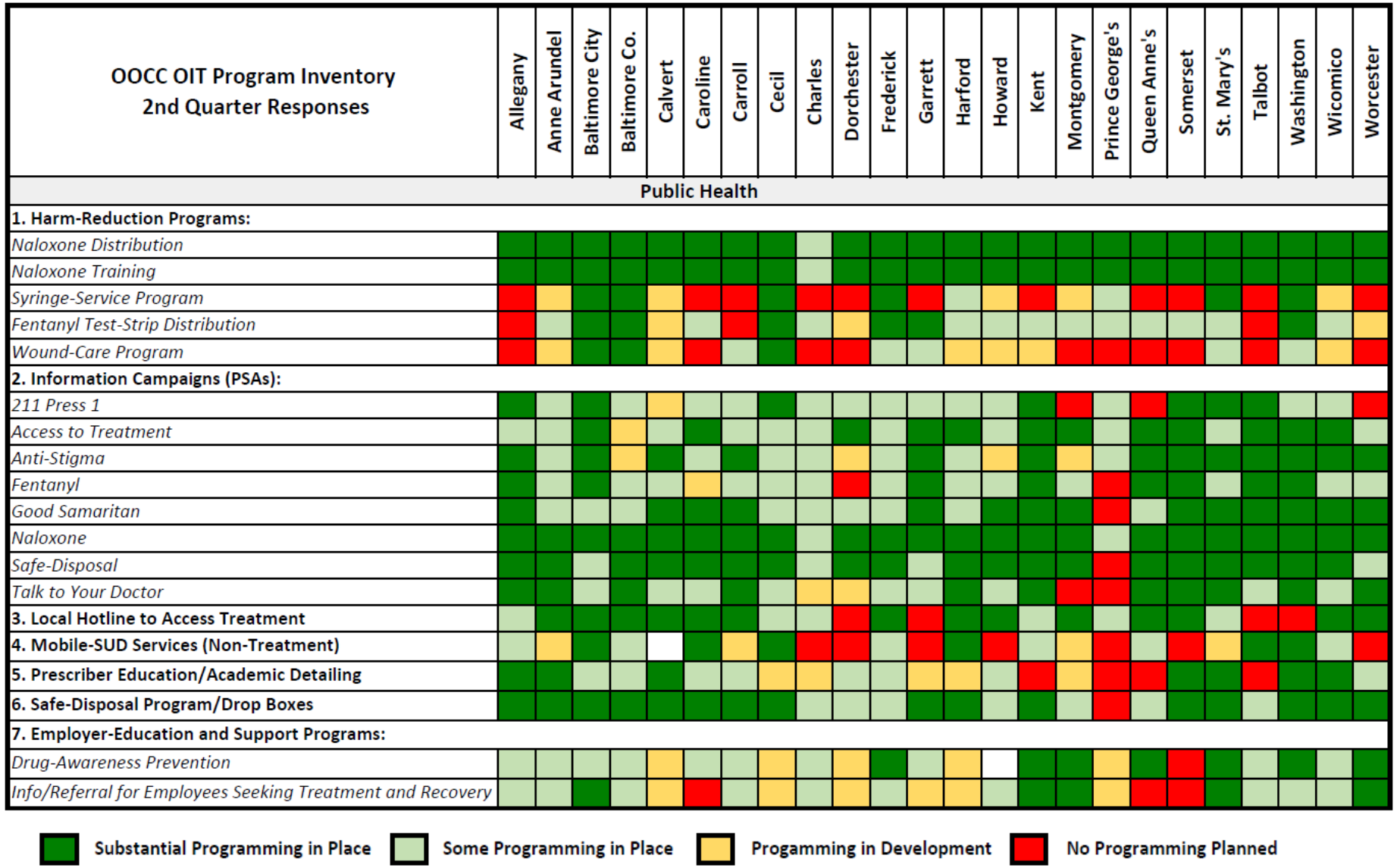
*As compared to a cohort of states in the control group

Maryland will utilize Centers for Disease Control data that measures age-adjusted overdose rates based on ICD-10 codes

Inter-Agency Opioid Coordination Plan Goals

- Prevent Problematic Substance Use
- Improve Opioid-Related Morbidity and Mortality
- Expand Alternatives to Incarceration for People with Substance Use Disorder
- Expand Access to SUD Treatment in the Criminal Justice System
- Monitor Substance-Use Trends
- Expand Access to Substance Use Disorder Treatment
- Ensure Access to Recovery Support Services

OUD Program Inventory – Q2 2020



The OOCC is Easy to Reach

100 Community Place
Crownsville, MD 21032
Help.OOCC@Maryland.gov
443-381-3805

PREVENTION • TREATMENT • RECOVERY

Before it's **too late.**

WWW.BEFOREITSTOOLATE.MARYLAND.GOV

@BeforeItsTooLateMD | @BeforeIts2Late | #HERETOHELP

Maternal and Child Health

Shelly Choo, Maternal and Child Health Bureau

Cliff Mitchell, Environmental Health Bureau

Maryland
DEPARTMENT OF HEALTH

Maryland
DEPARTMENT OF HEALTH

Maternal and Child Health

Shelly Choo, MD, MPH

Cliff Mitchell, MS, MD, MPH

Prevention and Health Promotion Administration

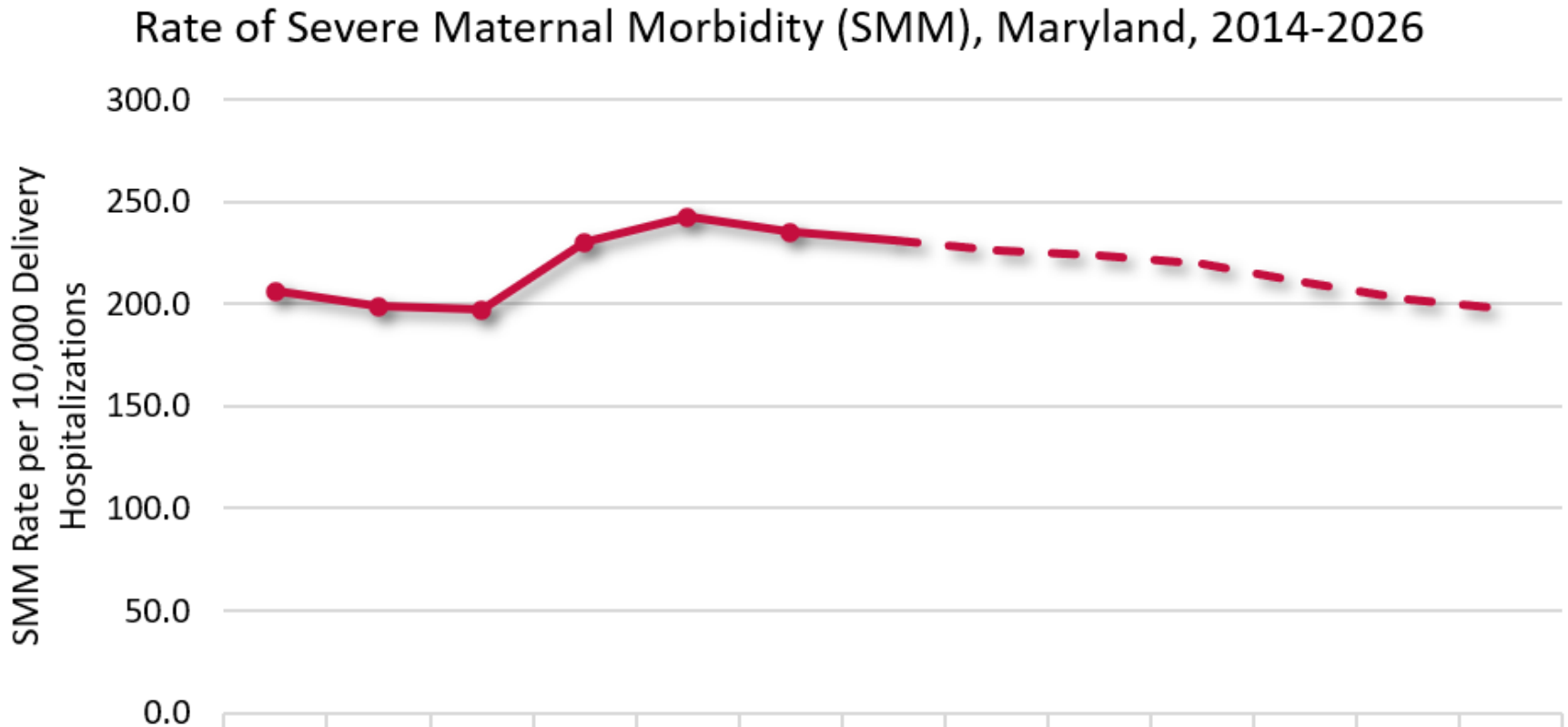
March 19, 2021

Domain 3a Total Population Health: Maternal Health

Goal: Reduce Severe Maternal Morbidity (SMM) Rate*	
Measure	Severe Maternal Morbidity Rate (SMM Events per 10,000 delivery hospitalizations)
2018 Baseline	242.5 SMM Rate (Events per 10,000 delivery hospitalizations)
2021 Year 3 Milestone	Re-launch the Perinatal Quality Collaborative Pilot a Severe Maternal Morbidity Review Process Complete Maryland Maternal Strategic Plan Launch Regional Partnership Catalyst Grant for MCH, if funding is available
2023 Year 5 Target	219.3 SMM Rate (Events per 10,000 delivery hospitalizations)
2026 Year 8 Target	197.1 SMM Rate (Events per 10,000 delivery hospitalizations)

*As defined by the Centers for Disease and Control Prevention at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/severe-morbidity-ICD.htm

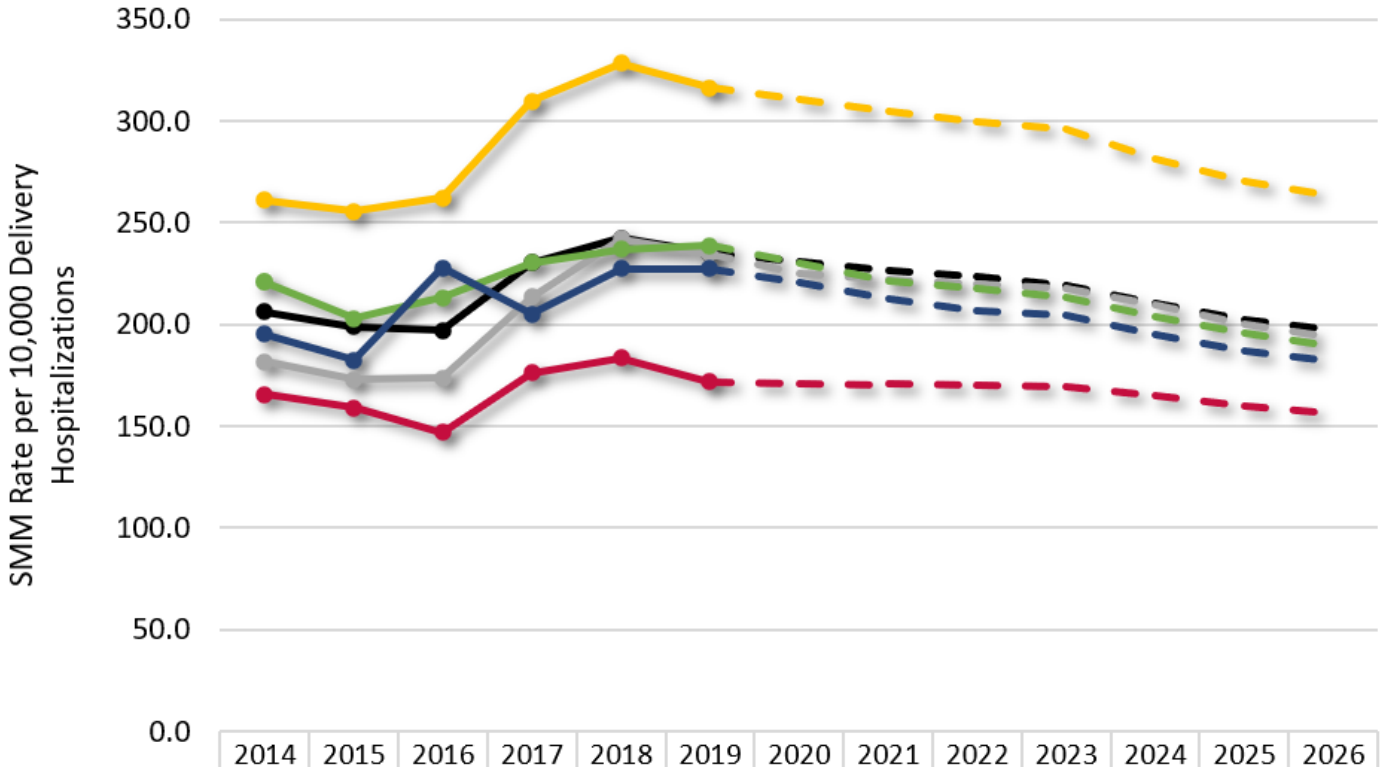
Rate of Severe Maternal Morbidity (SMM), Maryland, 2014-2026



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Total	206.2	198.9	197.2	230.2	242.5	235.1	231.0	226.3	223.4	219.3	210.3	202.1	197.1

Source: Health Services Cost Review Commission. Data reflect Maryland residents in Maryland hospitals only.
Changes in SMM coding from ICD-9 to ICD-10 in October 2015 may have influenced the number of SMM diagnoses in years 2016 forward.

Rate of SMM by Race and Ethnicity, Maryland 2014-2026



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Total	206.2	198.9	197.2	230.2	242.5	235.1	231.0	226.3	223.4	219.3	210.3	202.1	197.1
White NH	165.5	159.0	146.8	176.4	183.6	171.8	171.2	171.0	170.5	169.8	165.3	160.2	156.1
Black NH	261.1	255.7	262.3	309.9	328.5	316.5	310.4	305.1	299.9	295.7	281.3	270.1	262.8
Asian NH	181.9	172.8	173.5	213.7	241.9	234.6	225.0	222.4	220.2	217.7	209.9	200.2	193.5
Hispanic	220.5	202.8	213.0	230.5	236.9	238.9	230.3	221.7	217.6	213.2	204.1	195.8	189.5
Other NH	195.2	182.3	227.9	205.2	227.3	227.6	220.6	212.5	207.1	204.6	195.0	187.3	181.8

Source: Health Services Cost Review Commission. Data reflect Maryland residents in Maryland hospitals only. Changes in SMM coding from ICD-9 to ICD-10 in October 2015 may have influenced the number of SMM diagnoses in years 2016 forward.

Maryland
DEPARTMENT OF HEALTH

Rates in Severe Morbidity Indicators per 10,000 Delivery Hospitalizations, Maryland, 2010-2019

	Condition	2010	2011	2012	2013	2014	2015^	2016^	2017^	2018^	2019^
1,2.	Acute myocardial infarction/Aneurysm	*	*	*	*	*	*	*	*	*	*
3.	Acute Renal Failure	10.3	8.2	8.5	10.5	6.9	8.2	9.7	12.7	15.5	15.9
4.	Adult respiratory distress syndrome	8.1	7.8	3.9	4.1	6.6	4.7	7.8	7.6	9.6	7.4
5.	Amniotic fluid embolism	*	*	*	*	*	*	*	*	*	*
6,7.	Cardiac arrest, fibrillation/Conversion of cardiac rhythm	3.7	1.9	*	2.1	3.8	*	*	2.5	2.9	1.9
8.	Disseminated intravascular coagulation	65.2	53.5	33.9	33.6	24.7	16.2	12.1	16.4	15.5	17.6
9.	Eclampsia	8.9	6.4	7.5	6.7	8.6	9.3	9.3	10.5	7.2	7.0
10.	Heart failure or arrest during surgery or procedure	*	2.3	*	2.4	2.7	*	*	*	*	*
11.	Puerperal cerebrovascular disorders	3.7	3.3	4.7	3.2	3.8	2.5	2.3	2.5	3.4	3.1
12.	Acute congestive heart failure or pulmonary edema	6.4	6.7	4.5	3.7	5.0	5.8	5.9	7.0	7.8	5.7
13.	Severe anesthesia complications	2.3	2.3	2.0	*	*	*	*	*	*	*
14.	Sepsis	6.1	6.2	6.8	5.1	7.7	6.1	6.1	9.2	8.6	10.2
15.	Shock	4.9	6.7	5.0	7.0	6.9	5.4	5.5	7.9	10.8	8.4
16.	Sickle cell disease crisis	2.5	2.0	2.5	2.2	1.9	2.0	*	2.5	3.2	3.1
17.	Air and thrombotic embolism	3.8	2.6	2.8	4.5	3.4	2.6	2.0	4.6	4.8	3.9
18.	Blood transfusions	138.0	161.8	169.3	161.9	156.2	158.0	160.3	184.0	194.8	184.0
19.	Hysterectomy	8.9	7.0	10.4	9.2	7.5	11.5	10.7	12.7	12.6	13.4
20,21.	Ventilation/Temporary tracheostomy	*	*	*	*	1.9	3.3	8.3	7.8	8.9	6.5
	Overall with blood transfusions	**225.8**	**237.4**	**221.0**	**210.5**	**206.2**	**198.9**	**197.2**	**230.2**	**242.5**	**235.1**
	Overall without blood transfusions	**113.8**	**98.7**	**78.0**	**75.9**	**70.8**	**65.2**	**58.1**	**73.4**	**76.7**	**75.8**

*Data suppressed (<11 events)
Source: Health Services Cost Review Commission. Data reflect Maryland residents in Maryland hospitals only.
^Changes in SMM coding from ICD-9 to ICD-10 in October 2015 may have influenced the number of SMM diagnoses in those years

Maryland
DEPARTMENT OF HEALTH

SIHIS Maternal Health

1) Align and Coordinate Maternal Health Efforts
   - Maternal Health Improvement TaskForce is developing a strategic and action plans

2) Increase Access to Maternal Fetal Medicine
   - Maternal Fetal Medicine Consultation access to Level I and II (Vendor TBD)
   - Telemedicine to Level I and II Hospitals

3) Improve Quality of Care
   - Focus on addressing with Maternal Hypertension with the Perinatal Quality Collaborative (Health Quality Innovators)
   - Trainings for Providers including for Implicit Bias, SUD, Adverse Event Trainings (Maternal Health Innovation Program or MD MOMs)
   - Pilot Severe Maternal Morbidity Review in select hospitals with plans to expand

Maryland
DEPARTMENT OF HEALTH

SIHIS Maternal Health

4) Bringing Care to the Home and Community
   - Expand Maternal, Infant, Early Childhood Home Visiting
   - Short term care coordination at LocalHealth Departments
   - Explore role of Community Health Workers, Doulas

5) Improve accessibility and use of data
   - Make data-informed decisions
   - Stratify data by race, ethnicity

Planning for New Initiatives

Planning Stages:

1. Centering Pregnancy
2. Expanding Home Visiting such as Maternal and Infant Care, Healthy Families America, Healthy Start
3. Expanding the electronic Prenatal Risk assessment and updating the Postpartum Infant Maternal Referral form

Exploration stages:

1. Exploring the role of Doula Training and Equitable Access
2. Alliance for Innovation on Maternal Health-Community Care Initiative

Statewide Integrated Health Improvement Strategy: Asthma

Goal: Decrease asthma-related emergency department visit rates for ages 2-17	
Measure	Annual ED visit rate per 1000 for ages 2-17
2018 Baseline	9.2 ED visit rate per 1,000 for ages 2-17
2021 Year 3 Milestone	Check Population Projections Development of Asthma Dashboard Launch Regional Partnership Catalyst Grant for MCH, if funding is available Asthma related ED Visit as a Title V Performance Measure
2023 Year 5 Target	Achieve a rate reduction from 2018 baseline to 7.2 in 2023 for ages 2-17
2026 Year 8 Target	Achieve a rate reduction from the 2018 baseline to 5.3 in 2026 for ages 2-17

Maryland
DEPARTMENT OF HEALTH

Asthma Objectives

- Objective 1: Expand asthma home visiting with the State Plan Amendment (SPA) and Children's Health Insurance Program (CHIP) by January 1, 2023. Currently there are nine jurisdictions: Baltimore City, Baltimore County, Charles, Dorchester, Frederick, Harford, Prince George's, St. Mary's, and Wicomico Counties.
  - Activity 1: Plan for home visiting expansion
  - Activity 2: Determine funding for expansion site –October 2021
  - Activity 3: Application, approval by CMS for Health Service Initiative (HSI) Expansion
  - Activity 4: Authority/Approval in place by stakeholders- July 2021
  - Activity 5: Hire new staff for the SPA-CHIP Program Expansion-January 2023

Asthma Objectives

- Objective 2: Develop an automated method through claims data to identify children eligible for programs
  - Activity 1: EHB to share panel with CRISP to create an **asthma Care team widget** for patients enrolled in Home Visiting Programs – April 2021
  - Activity 2: Develop eligibility criteria to create an Asthma Program eligibility **Care Alert**, using CRISP logic for diagnoses, utilization – December 2021
  - Activity 3: Determine policy implications of the program of sharing automated panel with local health departments (LHDs) to create an Asthma **Smart Alert**. When a patient qualifies for the program send a notification to a LHD (Consider MCOs) – December 2021

Asthma Objectives

- Objective 3: Align Title V metrics with Asthma
  - Activity 1: Submit Title V asthma metric as a State Performance Measure - September 2021
  - Activity 2: For all local jurisdictions, allowable Title V child health core activities will be expanded to include asthma-related activities, in addition to immunizations and infants and toddlers -July 2021
- Objective 4: Engage private and public payers to improve asthma outcomes

Discussion

Maryland
DEPARTMENT OF HEALTH