

The AHEAD Model: HEALTHCARE TRANSFORMATION



The Goal

As Maryland's unique Total Cost of Care (TCOC) Model is expanded and improved upon with the new Advancing All-Payer Equity Approaches and Development (AHEAD) Model, it is necessary to ensure that incentive structures do not continue to create unintended impacts such as long ER wait times, health inequities, and lack of access to mental health and addiction treatment services.



Under the AHEAD Model, MedChi Believes That We Can Transform Healthcare By:

Savings Targets – The Money Should Follow the Patient

- The AHEAD Model should attribute savings to the Maryland patient and reward practitioners with those savings regardless of healthcare setting.
- The AHEAD Model should have a savings target that ensures regulated entities are funded appropriately for innovation and modernizing patient care and reduces funding for those regulated entities that do not invest in innovation and modernization of patient care.

Access to Specialty Care in Regulated Entities

For comprehensive and expeditious care, particularly in ERs, Maryland should set standards requiring regulated entities to have specialty physicians available to treat patients and reward regulated entities that meet such standards.

Increased Oversight

The AHEAD Model should redesign oversight of all regulated entities to protect patients and participating practitioners and entities against unintended consequences of the Model by:

- Creating a transparent appeal and grievance process for patients, physicians, and others who are adversely affected by activity incentivized by the Model.
- Requiring reporting from regulated entities demonstrate how specific interventions are designed to impact social determinants of health and the outcomes of those interventions.
- Designing a regulatory structure that provides regulators with the authority to make financial adjustments and take appropriate action against regulated entities who do not meet the goals of the Model or engage directly or indirectly in activities that limit access to quality healthcare. This regulatory structure should provide regulators with the flexibility to make real-time adjustments to meet the desired goals of the Model.
- Improving transparency on capital projects to avoid subsidizing projects that do not directly impact modernization of or increased access to patient care.

Transparency in Value-Based Programs

Further the goals of the AHEAD Model, all practitioners participating in value-based programs should have full transparency and access to all financial information and terms of the program including the Episode Quality Improvement Program, Care Transformation Initiatives Program, and Maryland Primary Care Program.

Payment Differentials Policy

Maryland should ensure that there is a clear policy around the use of payment differentials to ensure fair and timely payments to practitioners and regulated entities.

Payment Floors

To further increase access to healthcare and build Maryland's healthcare workforce, the AHEAD Model should provide the State with the authority to set transparent payment floors, adjusted annually, that require all payers participating in the AHEAD Model to pay physicians, healthcare practitioners, and regulated entities for care provided at or above the set payment floor.

