

February 3, 2025

Sent via email to hsrc.care-transformation@maryland.gov

John Kromm, PhD
Executive Director, HSCRC
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Comments on Policies and Investments to Further the AHEAD Model

Dear Executive Director Kromm:

MedChi, The Maryland State Medical Society (MedChi), appreciates the opportunity to comment on possible Health Services Cost Review Commission policy changes and investments that would further the goals of the AHEAD Model. We want to first thank HSCRC for its ongoing work on physician alignment programs, including the Maryland Primary Care Program and the Episode Quality Improvement Program (EQIP). These initiatives have demonstrated significant potential to strengthen physician engagement and improve patient outcomes. We also look forward to collaborating closely with you as Maryland develops the Medicaid Advanced Primary Care Program and other programs to further the goals of the AHEAD Model.

MedChi remains steadfast in advocating for the critical issues outlined in the three attached one-page documents. We would also like to highlight the importance of moving expeditiously on the following three issues:

1. Patient Protections with a Focus on Equity

HSCRC should develop and enhance policies and investments prioritizing health equity, quality, and care for every patient in Maryland while also striving to avoid unintended consequences of incentive structures that may run counter to patient safety.

2. Adjustment of Volume Policies

The current volume policies reward restricting access to care and fail to cover the costs of providing care to additional patients. Limitations within the global budget create disincentives for hospitals to invest in new and innovative technologies, such as robotic surgeries or other advanced procedures, because there is no additional funding to support these investments. These challenges have not only made Maryland's hospitals less competitive on a national level but have also aggravated Maryland's physician workforce shortage and have resulted in further inequalities in access to care for Maryland patients.

3. Physician Payment

Maryland's commercial insurers benefit from the all-payer model because annual rate increases for hospitals are capped. Despite this favorable regulatory climate, Maryland's commercial insurers offer some of the lowest physician payment rates in the country, as evidenced

by a Maryland Health Care Commission (MHCC) study. These low payment rates are driving market inefficiencies and the viability of medical practices, which has resulted in an unsustainable health care environment.

We believe that meaningful solutions will require continued dialogue and partnership between stakeholders, including HSCRC, physicians, hospitals, and health care institutions. MedChi is committed to working in a collaborative and comprehensive manner to address these issues and work toward goals we all share: to improve health equity, quality, and care for all Marylanders.

We appreciate your consideration of these critical concerns and would also respectfully request to provide oral comments during the HSCRC meeting on February 12, 2025.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ben Lowentritt", is placed over a light blue rectangular background.

Benjamin Lowentritt, M.D.

Immediate Past President
MedChi, The Maryland State Medical
Society

cc: Dr. Laura Herrera-Scott, Secretary, Maryland Department of Health
Joshua Sharfstein, Chair, HSCRC
Dr. James Elliott, Vice Chair, HSCRC
Richardo Johnson, Commissioner, HSCRC
Dr. Maulik Joshi, Commissioner, HSCRC
Adam Kane, Commissioner, HSCRC
Nicki McCann, Commissioner, HSCRC
Dr. Farzaneh Sabi, Commissioner, HSCRC
Erin McMullen, R.N., Chief of Staff, Maryland Department of Health
Dr. Padmini Ranasinghe, President, MedChi, The Maryland State Medical Society
Gene Ransom, III, CEO, MedChi, The Maryland State Medical Society
Ashton DeLong, General Counsel, MedChi, The Maryland State Medical Society

Enclosures

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.



The AHEAD MODEL: POPULATION HEALTH



Improving Healthcare Under the AHEAD Model

Public Health Goals

The AHEAD Model should create quality measures that apply to all areas of care with a particular focus on health equity and that clearly align with the Statewide Integrated Health Improvement Strategy.



Preventative Health

The AHEAD Model should have additional measures and incentives for all practitioners to increase screening and prevention for various healthcare conditions with a targeted focus on promoting health equity.

Improve Care Innovation

- The AHEAD Model should continue to expand the Episode Quality Improvement Program (EQIP) and EQIP Primary Care Access Program to accelerate care design to aid physician in further improving patient care, access to health care, and care management activities.
- The AHEAD Model should provide Maryland with the flexibility to explore and implement other value-based programs to increase quality and access to patient care such as physician-led Accountable Care Organizations or similar programs.

Improve the Healthcare Workforce

Maryland needs to expand its healthcare workforce, particularly in primary care. Maryland should use funds under the AHEAD Model to reward primary care physicians choosing to work Maryland. To further aid in meeting the AHEAD Model's goals, Maryland should also consider reducing barriers to licensure for physicians to practice in Maryland.

Loan Repayment

MedChi believes that the State should request that the AHEAD Model allow for the use of funds for loan repayment to attract physicians to come and stay in Maryland.

Graduate Medical Education Reform

MedChi believes that Maryland's graduate educate needs to be protected and promoted by augmenting the current funding mechanisms and adding a rural residency program to increase investment in residency and Maryland's future physicians.

Exogenous Factors

Maryland's current Total Cost of Care Agreement has a strong exogenous factor clause that includes a clause around defensive medicine, payment, and other important issues. This clause needs to be kept in any agreement concerning the AHEAD Model.

Transparency in Reporting

- The AHEAD Model should require increased reporting and transparency on the use of government funds for community benefit programs to ensure funds are being used to further the AHEAD Model's goals of health equity across the State.
- The AHEAD Model should require further reporting and transparency on the use of additional funds requested by regulated entities for physician payments to ensure that funds are used for their intended purpose.

Price Transparency

Maryland should request that the AHEAD Model provide for more transparency for patients regarding the pricing of services and products provided by regulated entities and collect the data on pricing in one readily accessible and user-friendly location.

Increased Access to CRISP and Other Databases

The AHEAD Model should provide physicians and other healthcare practitioners and entities with increased access to the State's health information exchange, Chesapeake Regional Information System for Our Patients (CRISP), Maryland's All Payer Claims Database, and other available data sources. By providing these Model participants with increased access, healthcare practitioners will be encouraged to be involved in the Model and be able to more actively further health equity. Maryland should also request funds to modernize these various data sources to increase user efficiency.

THE AHEAD MODEL: PRIMARY CARE



About the AHEAD Model

The Centers for Medicare & Medicaid Services (CMS) has selected Maryland to implement the new States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model. With this selection, Maryland will move away from its current Total Cost of Care (TCOC) Model and continue to build on its state-wide efforts to improve health equity, quality, and access, and to control healthcare costs through the new AHEAD Model.

AHEAD Model Goals



The AHEAD Model Aims to:

- Improve the total health of a state population
- Expand health equity among all payers including Medicare, Medicaid, and private coverages
- Drive state and regional healthcare transformation and multi-payer alignment
- Increase resources available to participating states
- Support primary care and transform healthcare in communities

Prior to the AHEAD model, the State is Encouraged to:



Support and Prioritize the Maryland Primary Care Program (MDPCP) by:

- Improving and increasing enrollment opportunities, including a Medicaid program.
- Maintaining Care Transformation Organizations (CTOs), especially for small and mid-size practices.
- Using the Episode Quality Improvement Program (EQIP) as a wrap-around tool coordinating with MDPCP to target underserved areas.



Keep On-Ramp Track

MDPCP should keep an on-ramp track, so new practice sites may be added without risk.



Augment EQIP with Primary Care Bundles

MedChi and MDAFP strongly believe that we need to add several bundles targeted at primary care.



Expand MDPCP

To further advance the total health of all Marylanders and lower healthcare costs across all payers, MDPCP should be expanded to include Medicaid and private payers in the AHEAD Model.



Incorporate Transformation and MDPCP Gap Services

MDPCP will most likely not have open enrollment opportunities for 2025. MedChi and MDAFP strongly encourage incorporating a transformation role for EQIP primary care to get new practices into MDPCP once we have clarity on the future of the Maryland Model.



Develop an Accessible, Critical Primary Care Program

Using EQIP, a global budget program could be developed to provide accessible primary care for rural and urban settings with shortages. The cost could be covered by Medicaid and the HSCRC to improve outcomes, access, and population health. The program would target creating new pediatric and adult primary care services through a public-private partnership.