**Howard County Forum on Maryland's All Payer Health System Transformation**

Co-Sponsored by Maryland Health Care for All! and the Howard County LHIC

January 22, 2015

8:30-10:30AM

Oakland Mills Interfaith Center

5885 Robert Oliver Place, Columbia, MD 21045

**Minutes**

**Welcome**

Dr. Maura Rossman, the Health Officer of Howard County welcomed the assembly to the meeting of the Local Health Improvement Coalition (LHIC) and public forum on health system transformation. Dr. Rossman framed the conversation for the forum, noting that most factors affecting health are not medical; instead, social and economic factors including personal responsibility have a tremendous impact on one’s wellness. The discussion as we move toward a culture of health must acknowledge these factors and be strategic about engaging nontraditional partners to promote wellness across the county. That is the work of the LHIC.

Steve Snelgrove, President of the Howard County General Hospital added to the welcome, thanking diverse stakeholders for gathering to learn and engage in the changes to the local health care system. He noted that the hospital was pleased to lead this discussion on the new Medicare waiver and how to better serve patients.

Vincent DeMarco, President of the Maryland Citizens’ Health Initiative and Health Care for All! Coalition served as MC for the event, highlighted location logistics and noted that the meeting was being recorded. He also clarified that this is the first of ten regional forums that the Coalition is conducting throughout the state in the coming months.

**New Maryland Health Care Landscape**

John Colmers, chair of the HSCRC explained the context for the upcoming change under Maryland’s Modernized Medicare waiver. While the Patient Protection and Affordable Care Act greatly expanded coverage, it did not directly address rising health care costs. High costs, workforce shortages, fragmentation and variable quality have led to significant health disparities. Considering our aging population, there has been interest both at the system level and consumer level to improve care coordinating and reduce costs.

Mr. Colmers reported that Maryland’s Health System scored a “D” in a national survey that evaluated preventable death, health insurance waste (i.e. percent spend on admin), percent of adults receiving recommended preventive care and screenings and Medicare hospital admissions for ambulatory sensitive conditions. These are all areas where Maryland’s health care system can improve.

He further cited examples of how our country’s health care system compares to other developed nations. The US has poor scores both for life expectancy and infant mortality and adult obesity. He also zeroed in on the local context of these factors. While Howard County is a relatively healthy county, there are significant racial disparities on rates of diabetes, ED visits for hypertension, birth indicators and children living below the poverty level.

Mr. Colmers explained that the Institute for Healthcare Innovation has called for a “Triple Aim” for healthcare improvement that includes efforts to simultaneously improve the health of the population, enhance the patient experience of care and reduce the per capita cost of care.

Maryland’s response to this charge has been to innovate on how hospitals are paid. Since the 1970s, hospitals were paid at a rate set by the HSCRC, rather than by each individual payer. This was made possible by a waiver from the Center for Medicaid and Medicare Services. Maryland is the only state in the nation with this waiver.

As a result of this arrangement, our system was able to hold down costs compared to other states, had better transparency of hospital rates compared to other states.

Maryland had to renegotiate the terms of this waiver in 2014. The new federal agreement is a 5 year demonstration with CMS that calls for global budgeting as a strategy to maintain our rate setting authority and encourage better coordination of care across the health care system.

Key implications of this change include the fact that hospitals will be getting paid based on how well they do providing high-value and well-coordinated care. Patients and their families will now be able to expect improved transitions of care from the hospital to their local provider. Primary care providers will be able to expect more outreach and partnership with their local hospital. Ultimately, it is expected that this will help individuals get the “right care at the right time at the right place and at the right price.

Mr. Colmers closed with a statement that the new arrangement with CMS is a call to action that will help everyone who is working to make Maryland’s health care system better, work together towards a clear common goal.

A primary care provider raised a question about the terms of the agreement. Mr. Colmers clarified that the future of the HSCRC and all-payer system depend on the state’s ability to meet the aggressive goals of the revised waiver including limiting hospital spending to annual growth cap of 3.58 percent; reducing total Medicare hospital spending by $330 million over 5 years; limiting total growth in Medicare hospital spending per beneficiary to no more than national growth; reducing readmissions rate to national average in 5 years and reducing infections and other hospital acquired conditions by 30 percent in 5 years. Another local doctor asked how primary care providers would be involved in this implementation, noting a specific need for more information about patients and data. She clarified that a significant cost driver for her patients has been the high cost of prescription drugs. Mr. Colmers said that the HSCRC is able to share population level data and that new arrangements between hospitals and providers can be made, so long as HIPPA standards are met.

**Hospital Response in Howard County** (15 min)

Mr. Steve Snelgrove, the President of the Howard County General Hospital spoke next about how his hospital is responding to the changes under the waiver.

He elaborated on three key areas where the hospital is focusing their efforts to achieve the ambitious goals of the waiver. First, he spoke about his interest in replicating the strong faith-based partnerships from his previous job at Wake Forrest where he collaborated with Gary Gunderson, founder of the Congregational Health Network in Memphis, TN. The second area was working with a community accountable care organization to assist with coordinating care in Howard County, similar to the Community Care Team based at Healthy Howard.

He expressed that these are challenging, but exciting times to be working in health care. He affirmed the hospital’s commitment to continuing to provide high-quality care to Howard County residents.

**Howard County Patient Centered Medical Home Program**

Dr. Niharika Khanna, the Director of the Maryland Health Care Innovations Collaborative presented next. She highlighted the philosophy and work of the Local Health Improvement Coalition, particularly with supporting primary care providers serving “super-utilizers” which were defined as those with chronic conditions who visited the hospital frequently. These resources are available through Maryland’s Health Care Innovations Collaborative project on patient-centered medical homes.

Technical assistance is available to primary care providers who are interested in becoming certified as patient-centered medical homes, including support adopting a system for electronic medical records and access to the Community Care Team based at Healthy Howard who can follow-up with high-needs patients to make sure they understand their prescriptions, go to follow-up appointments, etc.

Dr. Khanna highlighted the important work of primary care providers in patient-centered medical homes. She also noted that while the success of the waiver largely depends on well-coordinated primary care, primary care is reimbursed at a lower rate than specialty or hospital care. She urged an increase in reimbursement rate for primary care providers who will be expected to do more under the waiver.

**Maryland Faith Community Health Network**

Suzanne Schlattman from the Maryland Health Care For All! Coalition presented next. She highlighted an example of successful collaborations between faith and health care institutions known as the Congregational Health Network and then described how and why this model could be integral to achieving the current goals for health system transformation.

The Congregational Health Network was started by Methodist Le Bonheur hospital in 2006 to improve health outcomes for people who frequently visited their Emergency Department and reduce the rate of unpaid medical bills by these patients. The hospital entered into a “covenant” with local faith leaders that committed the hospital to hiring Navigators to work with the faith leaders whenever someone from their congregations were admitted to the hospital. The faith leaders agreed to promote the program and provide support to their congregational members when they were discharged from the hospital. As a result of this partnership, the hospital found tremendous improvements in health outcomes for their patients and great cost-savings for their hospital. The hospital reports spending $600,000 on the program and saving $4 million each year.

Ms. Schlattman shared examples of the covenant agreement between the hospital and congregations and the Community Care Plan. She noted that faith leaders and hospitals in Maryland are very interested in this model. Her organization—with hundreds of local faith leaders and health care professionals-- is currently working on laying the groundwork for a Maryland Faith Community Health Network.

Rev. Irance Reddix of the Baltimore Washington Conference of the United Methodist Church then spoke from her perspective as a primary care doctor and ordained minister. She believes that this model can be successful in Maryland and that these human resources can be helpful to primary care as well as hospitals. She urged health care institutions to consider this model as they look to achieve the goals of the waiver.

**Closing Comments**

Nikki Highsmith Vernick, the President and CEO of the Horizon Foundation offered closing comments. She thanked everyone for taking the time to be a part of the important discussion today. She briefly highlighted how this work fit into the Horizon Foundation’s strategic plan to improve access to care and promoting healthy lifestyles. She also urged patients to expect more from their health care system and to become more engaged in making sure that this new system works for them.

**Q&A and discussion**

One participant noted the importance of mental/behavioral health integration and trauma-informed care. She asked how that would be integrated into a more well-coordinated, effective health care system.

Nikki Highsmith Vernick affirmed the value of that approach and urged the representatives from Chase Brexton Health Services who were also participating in the forum to elaborate on their services and role in this work, which they did. One representative also echoed the statement made in Dr. Khanna’s presentation about the impact of the Community Care Team. She said that the Community Care Team has led to much greater results for their clients, as well as improve client satisfaction markedly.

Several local primary care providers expressed concerns about achieving the goals of the waiver and urged for better collaboration with hospital staff and systems.

Consumers and caregivers expressed enthusiasm for better coordinated care but also admitted to confusion and concern about how this would “work.” One neighborhood caregiver relayed a story about several frustrations trying to get the information she needed to help care for ailing neighbors who had identified her as their primary caregiver. Mr. Snelgrove responded and said that the hospital is committed to protecting patient privacy, and will be taking a hard look at how to improve that aspect of their partnerships with outside care providers, both within and beyond the medical field.

Two faith community nurses said they were interested in seeing a Congregational Health Network in Howard County and were glad to hear that that was something that was a priority for the hospital. Faith Community Nurse Becky Beckman also said that she would be willing to speak with anyone who wants more information about the work and role of a faith community nurse.

Several participants said that this was a great forum and discussion and thanked the hosts.

Evaluations were collected and the program closed at 10:45AM.