Maryland
Hospital Association

January 4, 2017

Chad Perman, M.P.P.
Director, Health Systems Transformation
Office of Population Health Improvement
Department of Health and Mental Hygiene
201 W. Preston Street
Baltimore, MD 21201-2399

Dear Mr. Perman:

On behalf of the 64 hospital and health system members of the Maryland Hospital Association, we appreciate the opportunity to comment on the Population Health Framework being developed by the Department of Health & Mental Hygiene Office of Population Health Improvement. It is our understanding that this framework will be used to guide the development of population health measures and accountability mechanisms as required by the care redesign amendment to the All-Payer Model as well as the All-Payer Model Progression Plan that was recently submitted to the Center for Medicare and Medicaid Innovation. As you know, this framework, which will be submitted to CMMI by June 30, 2017, is one component of a larger Population Health Improvement Plan that was developed through a State Innovation Models (SIM) award and submitted to CMMI in December. MHA submitted comments on the larger Population Health Improvement Plan. The Office of Population Health Improvement has shared its preliminary work on the population health measurement framework and has requested comments on three proposed priority areas for which interventions and measurements would be developed: hypertension, smoking and obesity.

The approach of creating a framework to guide the development of metrics and accountability mechanisms, articulate criteria to guide the selection of measures, and consider the availability of data for measurement are all important components of a plan that can start small and be built on over time. Our comments in this letter will focus on the three proposed priority areas and how accountability can be matched to a provider or other entities' capacity to influence particular measures. We look forward to additional opportunities to provide input into the development of population health interventions, metrics, and accountability mechanisms.

The three proposed priority areas – hypertension, obesity, and smoking – are important given that they are significant risk factors for chronic health conditions such as cardiovascular disease, diabetes, cancer, and chronic obstructive pulmonary disorder. However, moving the needle on risk factors that are inextricably linked to behavioral and environmental factors requires a much broader approach that could include school interventions, and state and local policy support to address the social determinants of health. In addition, it is important to select priority areas and measures that health care providers, as well as stakeholders in other sectors, such as schools,

local health departments and government, can be held accountable. **We recommend focusing on hypertension, diabetes, behavioral health, and access to care**. Obesity and smoking could be included as statewide metrics where there is support for interventions from employers and local and state governments.

A layered approach to population health measurement that includes a wide range of measures, such as outcomes and processes of care attributable to health providers and other sectors would help create a balanced scorecard for these focus areas. Within this approach, we propose that levels of accountability be based on the ability of health care providers, schools, local health departments, and counties to effectively intervene on a given measure.

Below are recommendations to enhance the population health priority areas and define their use for accountability programs:

1. **Layered measurement approach.** We support a balanced population health scorecard that includes metrics related to public health as well as those that are within the scope of medical care. To achieve a balanced scorecard, the plan should focus accountability for broad behavioral-based measures – such as obesity and smoking prevalence – on public health agencies, regulatory bodies, government programs, and similar entities. Health care providers, such as hospitals and the statewide health system would be accountable for measures that more directly assess chronic disease management. Hospitals and their partners are better positioned to manage chronic conditions through preventive services than to help people avert them in the first place. Process and outcome measures should align with the efforts Maryland's hospitals are already making to manage population health. Hospitals are addressing obesity and smoking cessation primarily through their employee wellness plans. The same types of layered measures and accountability can be developed for state and local government entities.

2. **Varying accountability.** The degree of accountability should vary for different measures, depending on the ability of health care providers and other stakeholders to effectively intervene. While hospitals can manage population health, they are not well equipped to address population-level risk factors due to the difficulty of changing individual behavior on a large scale. Smoking is an individual health behavior, and behaviors such as diet and exercise are major factors for obesity. Studies show that these types of behaviors are very difficult for *health* professionals to address, and that successfully modifying them is a long-term, ongoing process.[1] Even with major investments, widespread improvement in individual behavior would take a significant amount of time and not be guaranteed.

3. **Strategic Priorities.** According to the DHMH Population Health Improvement Plan, mental health, substance use, and access to care are priorities common to the annual Community Health Needs Assessments conducted by Maryland's hospitals. Hospitals across the state

[1] http://www.health.harvard.edu/staying-healthy/why-its-hard-to-change-unhealthy-behavior

are already working to address these important issues using a wide range of interventions. In particular, access to behavioral health treatment is a critical need. We recommend including these areas as additional priorities and using a layered measurement approach for them.

While we are not recommending specific metrics or accountability mechanisms, the attached table illustrates what a layered approach with varying accountability and additional focus areas could include.

We support the state's approach to develop a population health measurement framework and appreciate the opportunity to provide feedback as the framework is being developed. We would welcome the opportunity for further discussion.

Sincerely,

Traci La Valle

Traci La Valle
Vice President

Attachment

cc: Donna Kinzer, Executive Director, HSCRC

Example of Layered Measurement Approach and Varying Accountability in Public Policy and Health Care

	Population Health Status	Public Policy Goals	Hospital/Health System Goals	Public Policy Goals	Hospital/Health System Goals
	Top-level Outcome Measures	**Mid-level Outcome Measures**		**Base-level Process Measures**	
Chronic Conditions	• Smoking prevalence • Diabetes prevalence • Hypertension prevalence	• Percentage of at-risk population participating in culturally appropriate interventions • Utilize zoning, land use, planning and community design to increase walking and biking and reduce proliferation of fast food	• HbA1c control • Blood pressure control • Admissions for chronic conditions	• School curriculum includes health lifestyle practices • Public policy to address availability of fresh foods	• HbA1c testing • Blood pressure assessment • Obesity and Tobacco use assessment and cessation intervention included in wellness plans
Behavioral Health	• Substance use disorder prevalence	• Rate of medication assisted treatment for substance use	• Mental health and substance use related ED visits	• Some agreed upon action to address shortage of behavioral health providers	• PDMP utilization rate • Depression screening and follow-up
Access to Care	• Uninsured rate	• Percentage of at-risk population participating in health literacy program	• Patients reporting a usual source of care	• Develop culturally appropriate health literacy resources	• Medicaid well-child visits • Patients discharged with scheduled follow-up visit
Accountability for Measure Performance	• State-level: Set goals set and monitor progress	• What would be reasonable state or local accountability measures?	• State-level: Corrective action plan • Hospital-level: Payment adjustment	• What would be reasonable state or local accountability measures?	• State-level: Model could be terminated • Hospital-level: Payment adjustment