



Maryland
Hospital Association

Greater Baltimore Medical Center Transforms to Focus on Patients, Not Problems

Think of the last time you visited your doctor. It probably meant time off from work to accommodate the physician's availability, a lengthy wait in a room with sick people and old magazines, 15 minutes with the actual doctor, and, finally, a brisk check-out where an assistant made a copy of your insurance card.

At GBMC, that model is, literally, history. Beginning in 2010, GBMC began the transformation from traditional health care delivery, with an intense focus on ensuring that patients — not problems — are being treated. This has meant the implementation of transformative practices like reconfiguring space to eliminate waiting rooms altogether, extending hours later into the evening and on weekends, hiring and assigning care managers and coordinators to serve as health “personal trainers” to guide and coach patients long after the office visit has ended, and the creation of care plans to assist patients with their health management.

In short, the hospital and its affiliated physician practices began taking ownership of the long-term care of its patients, rather than addressing a specific illness at a single point in time.

The hospital's executives may have been more prescient than they knew. With the Centers for Medicare and Medicaid Services set to approve a revamped waiver for Maryland's hospitals, new criteria will be used to gauge whether the state's all-payer system is viable. Among these criteria are metrics that have already shown dramatic improvement in GBMC's new model. The numbers speak for themselves:

- a 2.9 percent reduction in Medicare emergency department visits
- a 13.4 percent reduction in Medicare emergency department admissions
- a 14.1 percent reduction in Medicare hospitalizations
- a 15.8 percent reduction in Medicare 30-day all-cause readmissions
- a 3.2 percent reduction in Medicare per capita cost

Compare these numbers to some of the new waiver criteria and it's easy to see why implementing a successful population health model is integral to hospitals' success. Among the waiver's requirements are an annual spending increase cap of 3.58 percent, a less than 1 percent increase annually in overall per capital health spending, an additional savings of \$330 million in Medicare spending over five years, and drastic reductions in readmission rates.

The Maryland Hospital Association is facilitating the sharing of GBMC's work so that as we collectively work toward the waiver's requirements, we might learn from each other some of the best practices in implementing robust population health models. That outreach and education is one of four pillars in the strategic plan for MHA's recently-formed Population Health Advisory Group. The others are convening key stakeholders like physicians and patients, acquiring and analyzing utilization and claims data, and advocating for necessary action by federal and state legislators.

GBMC President and CEO John B. Chessare acknowledges that there are significant logistical hurdles ahead and that what works for one organization will not for another. Perhaps that's why the presentation on his organization's work calls attention to this quote from Albert Einstein — “The measure of intelligence is the ability to change.”