Maryland
Hospital Association

November 19, 2020

Katie Wunderlich
Executive Director
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Ms. Wunderlich:

As the advocate for Maryland's hospital field, MHA appreciates the opportunity to comment on the proposed Statewide Integrated Health Improvement Strategy (SIHIS).

The SIHIS offers a platform for public and private entities across the state to align around the chosen priorities to make a difference in the longer-term health of Marylanders. We applaud the enthusiasm, dialogue, and effort state partners have contributed to choose priorities and targets.

As you know, the SIHIS carries outsized significance by virtue of its role in the long-range prospects of the Maryland Total Cost of Care Model. Late in 2024, the Centers for Medicare & Medicaid Services (CMS) will decide whether our Model is worthy of "expansion," that is, being made permanent. That event is of great moment not only to the hospital field but also to the State and all other stakeholders. Continuation of the Model will bring economic gain, stability to major parts of the health sector, and the best chance to advance the health of all Marylanders.

It is vital that CMS's evaluation of Maryland's Model is favorable in 2021 and 2023—SIHIS measures included. The State must, therefore, choose areas of engagement on which Maryland can demonstrate progress within one to three years. And we are asked to do this while a pandemic ravages our entire nation, diverting precious resources from addressing the priorities everyone agrees upon.

We are especially concerned by the spike of COVID-19 in Maryland during the past two weeks, and the implications for the whole health care industry for the coming year. Since November 1, the number of new cases daily has more than doubled, from 900 per day to more than 2,000. Even more alarming, the number of hospital beds occupied by COVID patients has also more than doubled, from 520 to almost 1,200 beds yesterday. This constitutes an all-hands-on-deck situation for hospitals, health care practitioners, and the public health staffs of the State and localities. Even if the pandemic abates, the after-effects will be long-lasting.

Given these facts, we are deeply concerned about Maryland's ability to hit the targets set in the proposed SIHIS. We therefore encourage the State to submit these goals and targets as preliminary pending review once the pandemic is under control, the health care system is no longer operating in crisis, and social distancing is no longer a part of everyday life. This is

especially important for the maternal and child health goals as planning and implementation of activities are just getting started.

The memorandum of understanding that called for Maryland to create the SIHIS identified three domains, each of which must contain at least one goal: hospital quality, care transformation, and population health.

Hospital Quality and Care Transformation Goals

The goals in the domains of hospital quality and care transformation will require hospitals to go beyond current efforts, try new things and expand their reach further into communities. We agree with all four goals in the two domains and all but one of the targets.

In the Care Transformation domain, we recommend setting the 2026 target for participation in downside risk arrangements at 40% of beneficiaries or 25% of total spend. Aligning ambulatory practices with the aims of the Total Cost of Care model is crucial. Investment in data systems, point-of-care tools, and resources to identify and meet patients' social, self-management and behavioral health needs is critical. As are policies and incentives to advance ambulatory capabilities.

Meeting the 2026 targets will require a large increase in the number of practices participating in an advanced track of the Maryland Primary Care Program. We hope that will happen, but the advanced track is still under development and no one can predict the rate of uptake.

Population Health Goals

The proposed priority areas are rife with disparities and the legacy of systemic racism across much of society and its institutions. Changing the trajectory on the root causes and their impact on health will have lasting benefits, though to show tangible progress within just a few years is very, very difficult. Maryland hospitals will do the hard work of changing internal cultures and connecting with every patient in the way that works best for the patient. They are *all in*.

But hospitals cannot do this work alone. Success demands the full partnership of state and local government agencies, community organizations, health insurers, employers, and many others. Real resources—people and funding, plus leadership commitment—must be brought to bear.

MHA appreciates that HSCRC is committing $165 million over five years to expand access to behavioral health crisis and diabetes prevention and management services through its Regional Partnership grants. Partnerships' requests for funding exceeded earmarked limits by $100 million. For sure, $165 million is a substantial investment. But $100 million in shovel-ready initiatives on these two priorities alone will go unfunded. Regardless of the decisions made on the SIIHS, the $50 million remaining in Regional Partnership funding should be awarded.

Thank you again for the opportunity to share our views. We welcome further discussion.

And to you, the HSCRC staff, and commissioners, please stay safe.

Sincerely,

Bob Atlas
President & CEO

cc: Robert Neall, Secretary, Maryland Department of Health