

May 29, 2017

The Honorable Dennis R. Schrader
Department of Health & Mental Hygiene
201 West Preston Street
Baltimore, Maryland 21201
Sent via email: dennis.schrader@maryland.gov

Dear Secretary Schrader:

I am writing to thank you for your time with me last week and to express MedChi, The Maryland State Medical Society's, support of the Comprehensive Primary Care Model. I appreciated being able to sit in on the discussions with CMS and learn about the progress that has been made on this important project. The Primary Care Model will allow physicians and hospitals to improve public health through a team-based approach to person-centric health care.

The Primary Care Model will help Maryland hospitals meet their objectives set by the All-Payer Model, objectives which will soon be dependent on factors beyond the hospitals' control. For example, the Model calls for embedded care managers and twenty-four hour access to advice and medication management, which will help reduce unnecessary hospitalizations and visits to the emergency department. Once fully implemented, the Primary Care Model will complement the All-Payer Model and support hospitals as they work to meet the global budget.

In addition to assisting hospitals reach its goals, the Primary Care Model will provide benefits to physicians as well. The Center for Medicare and Medicaid Innovation has approved the Primary Care Model as an advanced Alternative Payment Model (APM.) This year, physicians must report data to the Centers for Medicare and Medicaid Services, which will reward or penalize physicians financially based on the submitted data. Physicians can receive additional rewards for participating in an APM. If the Primary Care Model is implemented in Maryland, participating physicians will be eligible for those rewards, which would provide physicians additional resources to treat patients.

MedChi likes the fact this program is independent of the All Payer contract and while it does not prohibit, it does not require hospital involvement. This means that all physicians providing primary care services could have access to the program. While we strongly support this project, we remain concerned that another model needs to be developed for specialty and hospital-based physicians so that they can be involved in an Advanced Payment Model. We also support the setting up of a new structure, a "Care Transition Organization of Last Resort" to catch physicians in areas uncovered; MedChi is eager and available to work with the Department on this new concept.

Please let me know if I can provide any additional insight to the benefits of the Comprehensive Primary Care Model.

Thank you.

Sincerely,

Gene M. Ransom, III
Chief Executive Officer