

# The AHEAD MODEL: POPULATION HEALTH



## Improving Healthcare Under the AHEAD Model

### Public Health Goals

The AHEAD Model should create quality measures that apply to all areas of care with a particular focus on health equity and that clearly align with the Statewide Integrated Health Improvement Strategy.



### Preventative Health

The AHEAD Model should have additional measures and incentives for all practitioners to increase screening and prevention for various healthcare conditions with a targeted focus on promoting health equity.

### Improve Care Innovation

- The AHEAD Model should continue to expand the Episode Quality Improvement Program (EQIP) and EQIP Primary Care Access Program to accelerate care design to aid physician in further improving patient care, access to health care, and care management activities.
- The AHEAD Model should provide Maryland with the flexibility to explore and implement other value-based programs to increase quality and access to patient care such as physician-led Accountable Care Organizations or similar programs.

### Improve the Healthcare Workforce

Maryland needs to expand its healthcare workforce, particularly in primary care. Maryland should use funds under the AHEAD Model to reward primary care physicians choosing to work Maryland. To further aid in meeting the AHEAD Model's goals, Maryland should also consider reducing barriers to licensure for physicians to practice in Maryland.

### Loan Repayment

MedChi believes that the State should request that the AHEAD Model allow for the use of funds for loan repayment to attract physicians to come and stay in Maryland.

### Graduate Medical Education Reform

MedChi believes that Maryland's graduate education needs to be protected and promoted by augmenting the current funding mechanisms and adding a rural residency program to increase investment in residency and Maryland's future physicians.

### Exogenous Factors

Maryland's current Total Cost of Care Agreement has a strong exogenous factor clause that includes a clause around defensive medicine, payment, and other important issues. This clause needs to be kept in any agreement concerning the AHEAD Model.

### Transparency in Reporting

- The AHEAD Model should require increased reporting and transparency on the use of government funds for community benefit programs to ensure funds are being used to further the AHEAD Model's goals of health equity across the State.
- The AHEAD Model should require further reporting and transparency on the use of additional funds requested by regulated entities for physician payments to ensure that funds are used for their intended purpose.

### Price Transparency

Maryland should request that the AHEAD Model provide for more transparency for patients regarding the pricing of services and products provided by regulated entities and collect the data on pricing in one readily accessible and user-friendly location.

### Increased Access to CRISP and Other Databases

The AHEAD Model should provide physicians and other healthcare practitioners and entities with increased access to the State's health information exchange, Chesapeake Regional Information System for Our Patients (CRISP), Maryland's All Payer Claims Database, and other available data sources. By providing these Model participants with increased access, healthcare practitioners will be encouraged to be involved in the Model and be able to more actively further health equity. Maryland should also request funds to modernize these various data sources to increase user efficiency.

