



CRISP

What's next for the TCOC Model?

CRISP Summit – 04/19/2022

7160 Columbia Gateway Drive, Suite. 230
Columbia, MD 21046
877.952.7477 | info@crisphealth.org
www.crisphealth.org



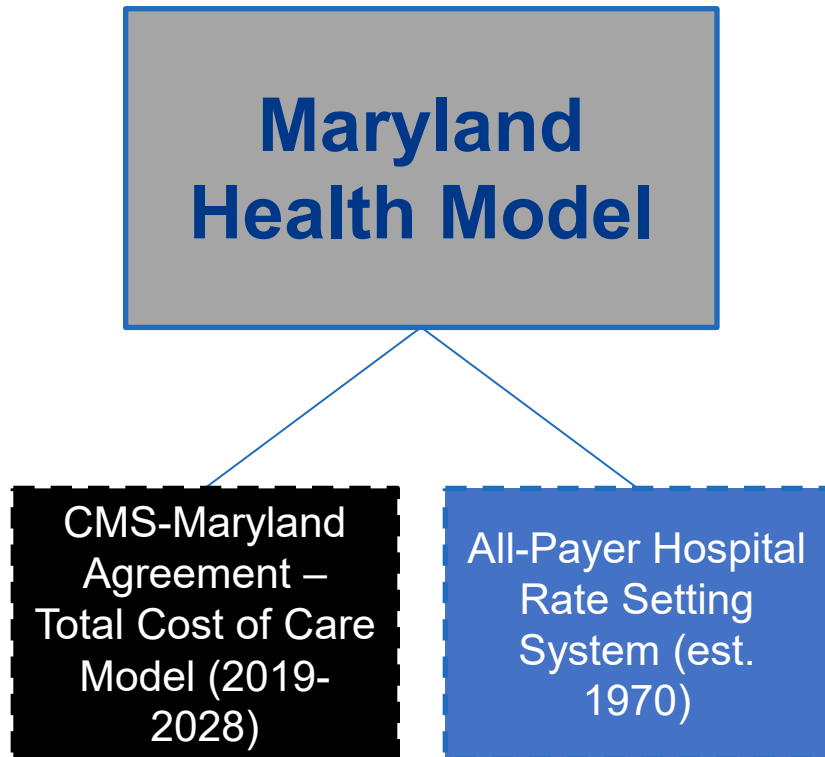
maryland
health services
cost review commission

Total Cost of Care Model

Successes and Challenges under the TCOC Model

April 2022

Maryland's Unique Healthcare Payment System



Strengths of the Maryland Health Model:

- Slows the growth of health care costs and **enables cost containment for all payers**
- Funds **investments in population health and primary care**
- Establishes Maryland as a **leader in linking quality and payment**
- Provides **support for state healthcare infrastructure** and subject matter expertise
- Ensures **hospital charges correlate with costs**
- Guarantees **equitable funding of Uncompensated Care**
- Creates a **stable** system for hospitals
- Incentivizes **care transformation** across all settings of care

Successes under the Maryland Health Model

Strategies

Engaging Non-Hospital Providers

- Episode Quality Improvement Program (EQIP)
- Care Transformation Initiatives (CTIs)
- Maryland Primary Care Program (MDPCP)

Investing in Population Health and Health Equity

- Statewide Integrated Health Improvement Strategy (SIHIS) and Regional Partnership Catalyst Program
- Outcomes-Based Credits

Results

Healthcare spending



\$2.5 billion+
in Medicare
hospital savings
(2014 – 2020)



\$1.6 billion+
in Medicare TCOC
savings (2014 –
2020)



54.4% slower
Medicare hospital
spending growth than
the nation (2014 –
June 2021)

Quality



Below
than the national
Medicare
readmission rate
(2014 – 2020)



50%
Reduction in
complications
(2014 – 2020)

CMMI Priorities: Population Health and Health Equity

CMMI’s 2021 strategy refresh outlined the following vision and five objectives to achieve that vision:



“consider model tests that address issues of specific concern to underserved populations... [and] models that seek to remedy upstream, community-level SDoH.”

“Strengthen data collection and **intersectional analyses for populations defined by demographic factors** such as race, ethnicity, ...[and] geography...”

Source: “Innovation Center Strategy Refresh” white paper.

TCOC Model: Moving Forward

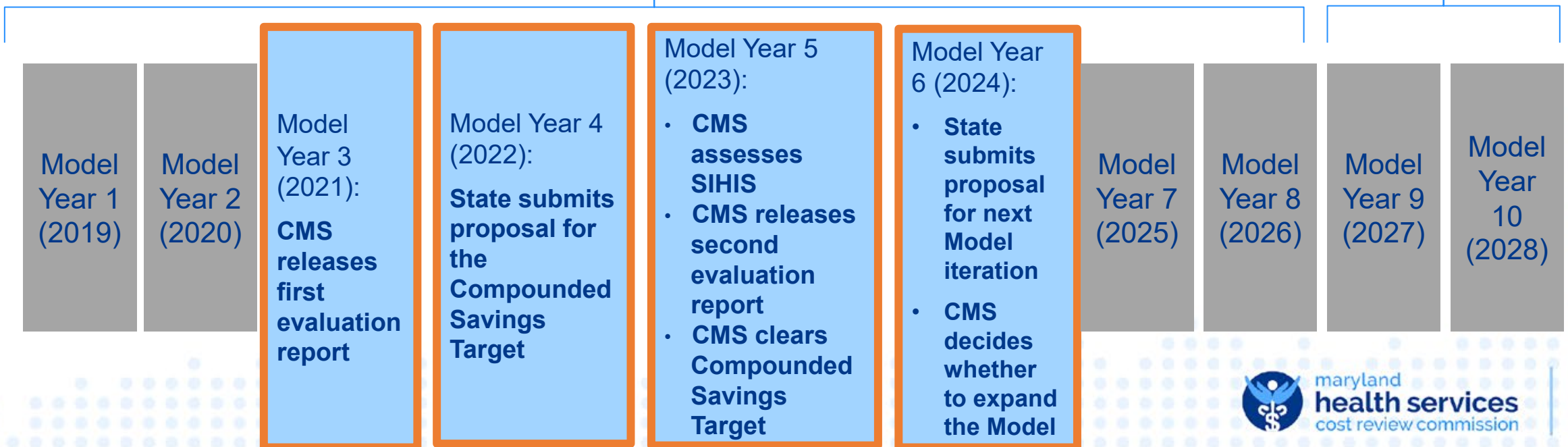
The Maryland Total Cost of Care Model State Agreement states:

“Under this Model, CMS and the State will test whether statewide healthcare delivery transformation, in conjunction with Population-Based Payments, improves population health and care outcomes for individuals, while controlling the growth of Medicare Total Cost of Care.”

The agreement includes:





An 8-year performance period

A 2-year transition period



TCOC Model: What's Next?

To show success in the TCOC Model, Maryland must demonstrate progress in the following areas:

-  Sustain and improve high quality care under the hospital finance model
-  Achieve annual cost saving targets
-  Achieve progress on SIHIS targets and demonstrate community impact of the Model
-  Demonstrate healthcare transformation