House of Delegates

Operations Report

Gene M. Ransom III
Chief Executive Officer
MedChi, The Maryland State Medical Society

MedChi
The Maryland State Medical Society

Fall
2021

We wouldn’t be us, without you.

The pandemic has been a trying time for our members, physicians and employees of MedChi and we want to thank you all for your hard work and dedication.

MedChi
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Your Advocate.

Your Resource.

Your Profession.

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MedChi Work During COVID

ADVOCACY ON POLICY ISSUES

- Working with the Governor to secure additional protections on the public emergency immunity bill.
- Working with orthopedic, anesthesiology, and ophthalmology groups to advocate that scope of practice encroachments are not initiated in ways that are unnecessary to addressing the public health crisis.
- Worked with the Governor to expand telehealth and is working closely with MD Health Care Commission and CareFirst to administer telehealth grant programs.
- Working with the AMA, the State of Maryland, and federal officials for additional economic support for physicians.

ECONOMIC AND BUSINESS SUPPORT

- Helped thousands of doctors apply for PPP, State grants, State loans, and EIDL.
- Helped practitioners who did not get CARES Act money and extended this to nonmembers and non-physicians (dentists and other health care practitioners).
- MedChi's component medical societies deployed staff to learn federal and state grants and loans in order to assist physicians.
- Montgomery County Medical Society held webinars on human resources law and practice reopening guidelines.
- Advocated on advance loan repayment forgiveness and to provide clarity on business relief processes.
- MedChi and our components developed comprehensive practice reopening toolkits.

LEADERSHIP

- Held meetings with medical society presidents from neighboring states to share concerns, resources, and support.
- Past President, Michele Manahan, M.D., participated in discussions, panels, lectures, and workgroups to advocate for the best care and resources for MD's physicians.
- MedChi CEO, Gene Ransom, fought for physicians in media outlets, ensuring the public understood the needs, concerns, and sacrifices of those on the front lines and created videos about FAQ's on telehealth grants, immunity protections, and more.

MedChi Work During COVID

TELEHEALTH SUPPORT

- Assisted hundreds of practices with rapid implementation of telehealth by answering calls, providing targeted and informative resources, and advocating for physician-friendly policies.
- Developed a comprehensive, up-to-date summary of coding guidelines to help answer billing questions on telehealth.
- Implemented grant programs with CareFirst and the Maryland Health Care Commission to ensure physician access to affordable HIPAA-compliant telehealth platforms.

PUBLIC HEALTH ADVOCACY

- Scheduled tests at several VEIP sites and the state fairgrounds in cooperation with CRISP and MDH.
- Worked with Johns Hopkins and UMMC on surge staffing and the convention center post-acute care site.
- Assisted the State of Maryland, Howard General, FutureCare, and other practices and community hospitals with surge employment and extended this support to any health care facility that requested it.
- Supported community-based initiatives to provide support to physicians on the front lines.

EDUCATION AND RESOURCES

- Offered CME webinars with the Maryland Department of Health and accredited the calls for CME credit at no charge.
- Hosted two clinical CMEs with a speaker from the University of Maryland Medical School, including the first coronavirus CME program in the nation.
- Initiated regular email updates, sent to all physicians in MD, highlighting the latest news and resources.
- Developed a webpage to share local and national updates, clinical guidelines, billing and coding updates, telehealth resources, human resources materials, and more.

MedChi Operational Issues:

On target for positive financial year

Resolution report

Membership by County as of 10/29/2021

	Paying Members												non-paying					Grand Total
	1st	2nd	ADNET	AFF	ASSOC	Full	Group	INT	MCA	MCAS	OM	Total	40	Emeritus	RES	STU	Total	
Allegany County Medical Society						38						38	10	26			36	74
Anne Arundel County Medical Society	1	4	50		11	251	17				4	338	32	90	1		123	461
Baltimore City Medical Society	1	4	3		23	331	3	4			1	370	92	175	21	2	290	660
Baltimore County Medical Association	6	2	2		21	508	37				5	581	109	215	5	1	330	911
Calvert County Medical Society			2		2	16	1	1				22	4	13			17	39
Caroline County Medical Society						1						1	1				1	2
Carroll County Medical Society					3	42	2					47	11	26			37	84
Cecil County Medical Society					2	19					1	22	2	9			11	33
Charles County Medical Society	1		5		4	34	4					48	3	18			21	69
Component Not Applicable			1		1	15					56	73			2985	587	3572	3645
Dorchester County Medical Society			1		1	7						9	1	4			5	14
Frederick County Medical Society	1				7	96	1				4	109	7	20			27	136
Garrett County Medical Society						14					1	15	2	1			3	18
Harford County Medical Society	2				1	56		1				60	12	28			40	100
Howard County Medical Society		1	1		18	183	2				3	208	17	37	3		57	265
Kent County Medical Society			1			12						13	1	8			9	22
Montgomery County Medical Society	7	6	1		16	979	74		4	37	89	1213	139	283	2		424	1637
NO COMPONENT											1	1			4	1	5	6
Out Of State Affiliate				8								8	4	26			30	38
Prince George's County Medical Society	1	2	4		10	347						364	59	85			144	508
Queen Anne's County Medical Society					1	8						9	2	3			5	14
Somerset County Medical Society						1						1		3			3	4
St. Mary's County Medical Society			2		1	11						14	2	7			9	23
Talbot County Medical Society						27						27	4	26			30	57
Washington County Medical Society	1	3	11		10	76					1	102	10	35			45	147
Wicomico County Medical Society					4	86		1				91	16	37			53	144
Worcester County Medical Society						11						11	1	4			5	16
Grand Total	21	22	84	8	136	3169	141	7	4	37	166	3795	541	1179	3021	591	5332	9127

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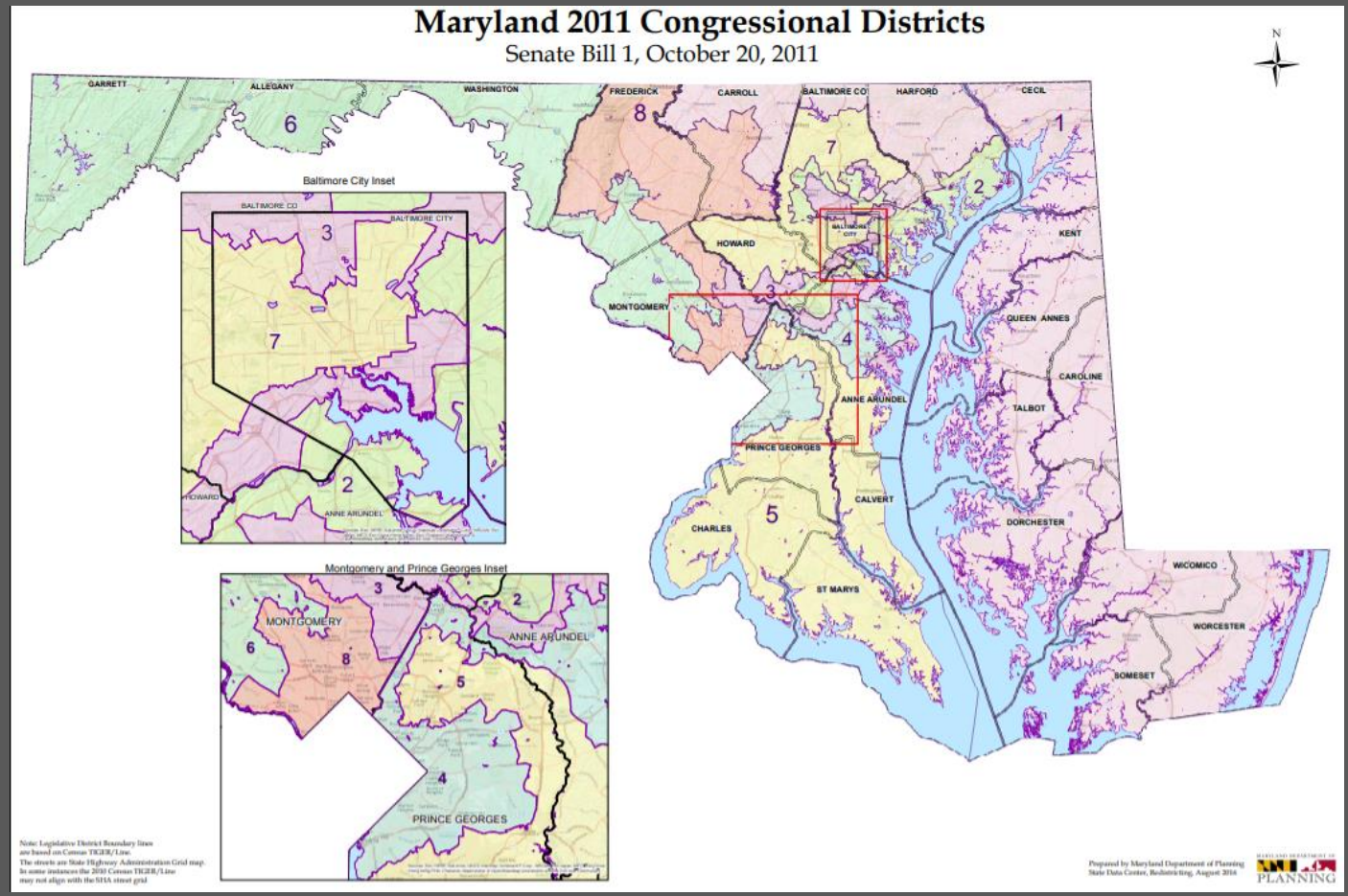
Two Major Environmental Issues with Advocacy in 2022

Having a New Governor

Redistricting



Issues We Expect to Deal With in the 2022 Session:

- Podiatry Issue & Scope Bills
- Medicaid E&M Codes
- Compact Bill Sunset Extension
- CareFirst Legislation
- The Resolutions You Pass Today

RPM and Telehealth

MedChi Has Truly Been Your Advocate and Resource For Your Profession on Telehealth

- Passed legislation on Telehealth - Telehealth: House Bill 123/Senate Bill 3: Preserve Telehealth Access Act of 2021
- Created Comprehensive Coding Guide
- Tools and Resourses to implement telehealth and remote patient monitoring (RPM)
  - MHCC Grant, CareFirst Grant
  - Educational programs
  - Free Assessment

CareFirst Bill – Work Continues on CareFirst Value Based Legislation

CareFirst

C3		1lr2216
		CF 1lr2542
Bill No.: _____ Requested: _____ Committee: _____		Drafted by: Simpson

By: **Delegate Pendergrass**

A BILL ENTITLED

AN ACT concerning

Health Insurance – Two–Sided Incentive Arrangements and Capitated Payments – Authorization

FOR the purpose of

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health Occupations

1–302.

(d) The provisions of this section do not apply to:

(1) A health care practitioner when treating a member of a health maintenance organization as defined in § 19-701 of the Health - General Article if the health care practitioner does not have a beneficial interest in the health care entity;

(2) A health care practitioner who refers a patient to another health care practitioner in the same group practice as the referring health care practitioner;

(3) A health care practitioner with a beneficial interest in a health care entity who refers a patient to that health care entity for health care services or tests, if the services or tests are personally performed by or under the direct supervision of the referring health care practitioner;

DRAFT

MedChi Has Truly Been Your Advocate And Resource For Your Profession on Telehealth

- Worked with AMA to delay Federal mandate
- Advocated for positive changes to Maryland mandate
- Hosted countless educational events on this issued
- Partnered with DrFirst to provide a free or low-cost solution to the mandate

Maryland's New E-Prescribing Mandate: Is Your Practice Prepared?

On January 1, 2022, new EPCS mandates will go into effect statewide

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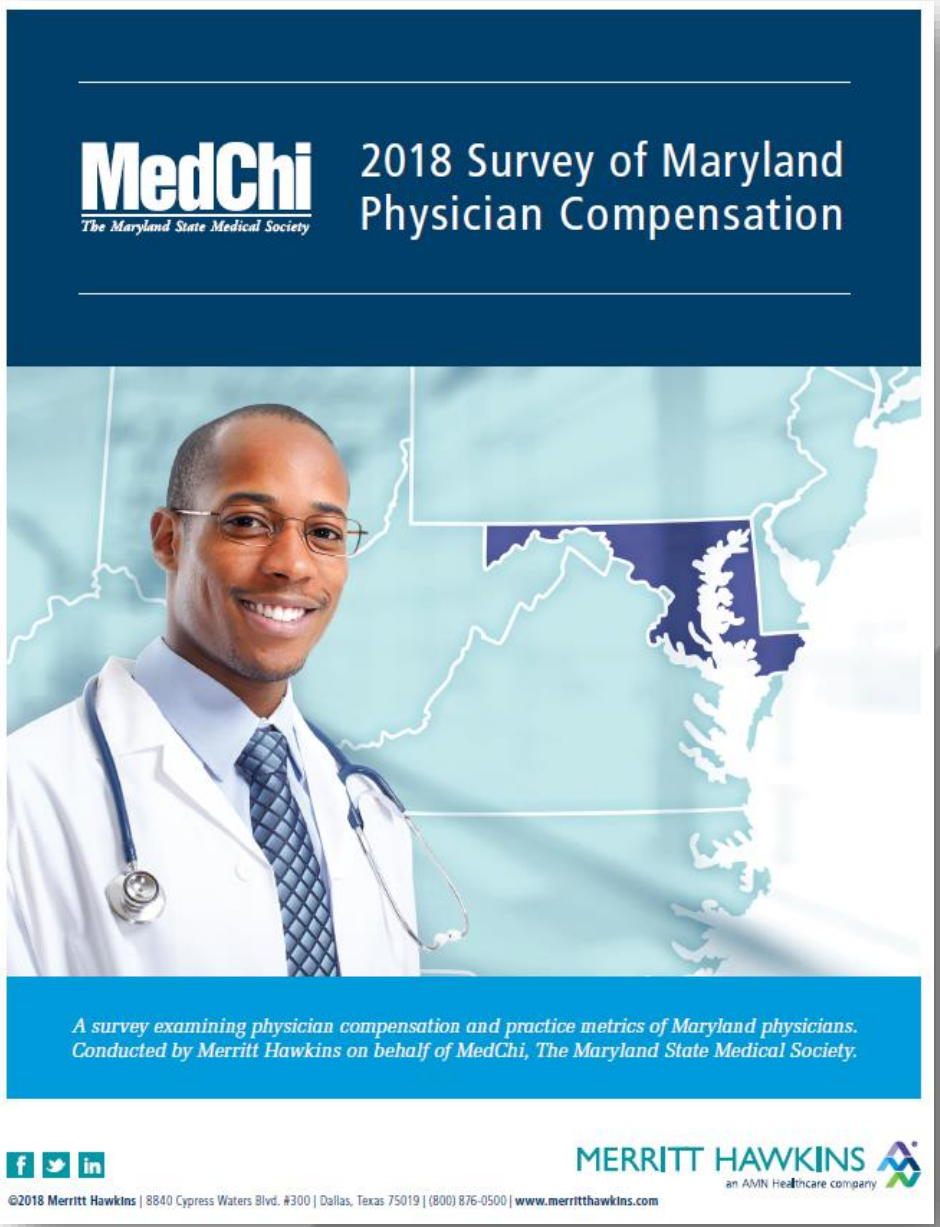
Center for Employed Physician

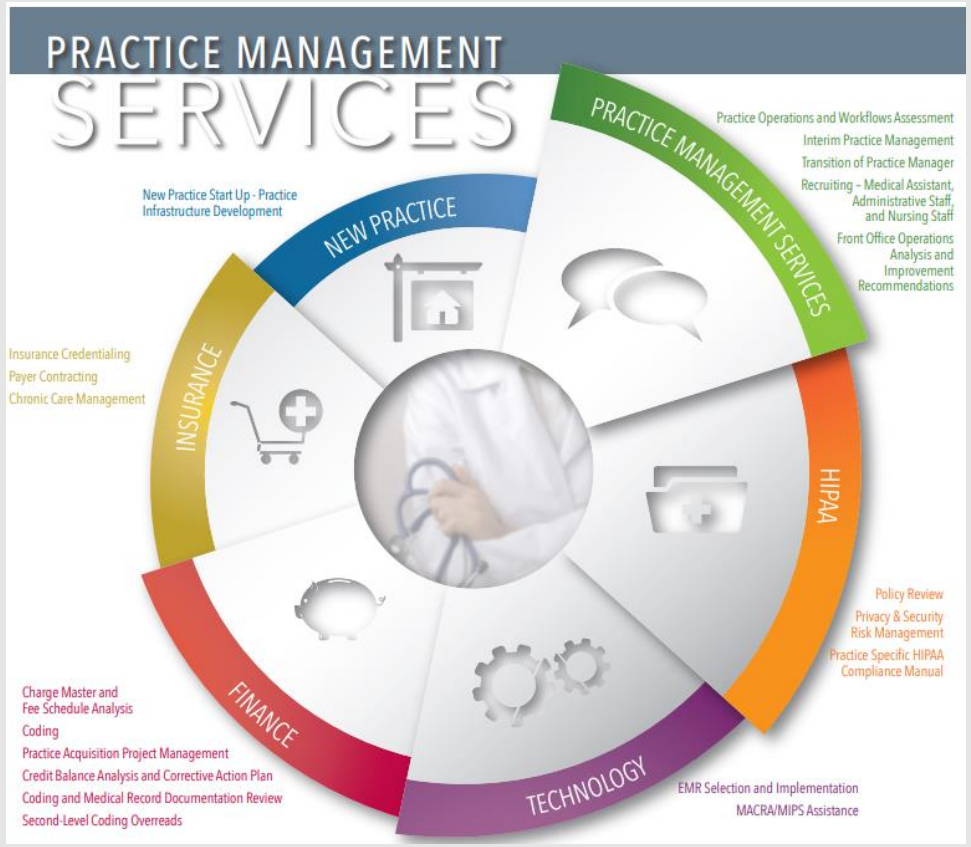
The Center for the Employed Physician was established by the Center for a Healthy Maryland through a grant from The Physicians Foundation. Through this project resources and educational programming were developed to assist physicians who are currently employed or are considering entering into an employment arrangement. To inform the content of the tools and services to be created, 442 Maryland physicians responded to a survey, giving feedback about their concerns regarding practicing medicine in an employed setting. Physicians considering employment most requested a resource that would aid in contract negotiations, while physicians who are currently practicing in employed settings most requested current compensation models. Both groups were also concerned about maintaining autonomy.

Center for the EMPLOYED PHYSICIAN

Maryland Salary Survey

A survey examining physician compensation and practice metrics of Maryland physicians. Conducted by Merritt Hawkins on behalf of MedChi, The Maryland State Medical Society. This survey is the most accurate survey for Maryland specific data which was last done in 2018 and scheduled to be repeated in 2021.





Center for the Private Practice of Medicine

MedChi is committed to helping practices remain independent. As your Medical Society, MedChi developed the Center for the Private Practice of Medicine to provide business support tailored to the time constraints of your practice. Our goal is to strengthen your practice by providing credible support that meets your needs with key business services and resources:

- MedChi Care Transformation Organization
- Ancillary Services
- Favorite Healthcare
- Finance & Insurance
- HIPAA & Medical Records
- Opening & Closing a Practice
- Practice Management
- Technology & Telehealth
- Total Cost of Care
- And more…
- Please visit our website to learn more Center for the Private Practice of Medicine (medchi.org)

Center for Value-Based Payment

MedChi is working to develop physician friendly value-based payment models that:

- Allow physicians to receive advanced payment model bonuses
- Allow ALL physicians from every specialty to have access
- Are voluntary

EQIP
The Episode Quality Improvement Program

EQIP is an episode-based payment program for non-hospital providers designed to:

- Help the State meet the financial targets of Total Cost of Care (TCOC) Model
- Include more providers in a value-based payment framework (that is, to have responsibility and share in rewards for reducing Medicare TCOC spending)
- Encourage multi-payer alignment in a value-based payment framework
- Include more episodes than in Centers for Medicare & Medicaid Services (CMS) Innovation Center (CMMI) models
- Broaden access to Medicare's 5% Advanced APM (AAPM) MACRA opportunity

EQIP will provide the State with input on:

- Episodes to include (prioritization), and
- Episode design, recognizing there are annual opportunities for updates and participation.

- Please click here to learn more: EQIP (medchi.org)

health services
cost review commission

MDPCP Updates

MDPCP
MARYLAND PRIMARY CARE PROGRAM

General MDPCP

- **Four MDPCP Policy Updates**

1. Care Management Fee (CMF) – HCC Override Update
2. New Health Equity Advancement Resource and Transformation (HEART) Payment within CMF
3. Total Per Capita Cost (TPCC) Measure for Track 2 Practices
4. Loss of Advanced Alternative Payment Model (AAPM) status for PY 2022
5. Federally Qualified Health Centers (FQHCs) in Track 2

Track 3 Update

- **Timeline:**
  - Final decisions need to be agreed upon by end of November 2021
  - January 2023 target start for Track 3

MedChi CTO

- Of the 18 MedChi CTO practices that requested to transition to Track 2 for PY2022, all 18 were accepted.
- Consistently, a MedChi CTO practice is recognized for their work on reducing the number of unvaccinated MDPCP patients each week
- In late September, Jeffrey D. Gaber & Associates, PA, a MedChi CTO partnered practice, was recognized as the top performing MDPCP practice with **93.75%** of their MDPCP patients fully vaccinated.
- The MedChi CTO has connected all partner practices to a HIPAA-secure telehealth platform, free of cost
- The MedChi CTO has a Lyft Business Portal which allows practices to order Lyft rides for their patients and reduce the amount of missed office appointments.

MedChi CMMI Recommendations

Maryland DEPARTMENT OF HEALTH

MDPCP MARYLAND PRIMARY CARE PROGRAM

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Elizabeth Fowler, Ph.D., J.D.,
Deputy Administrator, Centers for Medicare and Medicaid
Director, CMS Innovation Center
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Fowler,

As the largest and foremost advocate for Maryland physicians and patients, MedChi fully supports the Maryland Primary Care Program, it's participating practices as well as their patients. The program has been an amazing success providing higher quality services to hundreds of thousands of Maryland Medicare patients.

In that vein, we echo the points made by the University of Maryland Transform Health CTO detailed below and also welcome the opportunity to provide this feedback on annual Performance-Based Incentive (PBIP) reports for the Performance Year 2020, made recently available to all participants. We acknowledge and appreciate the additional time that the CMMI and MDPCP took to implement adjustments to the quality and utilization performance benchmarking and assessment for PY 2020 in light of the COVID-19 Pandemic Health Emergency (PHE). We, along with many of our Care Transformation (CTO) partners have completed a thorough analysis of these reports. Our findings illustrate the need for additional dialogue and greater clarity among program stewards and participants, and we would offer the below:

- There appears to be a disproportionate impact of the Patient Experience component of the PBIP performance target as measured through CAHPS for PY 2020 PBIP
- Sizable variations in CAHPS measurement for patient experience across CMS programs for the same performance year 2020 and inconsistency with the policy decision regarding PY 2020 MDPCP CAHPS survey for patient experience
- There remains a lack of data and additional details corresponding to the CAHPS performance from the program to inform potential causes for poor performance in the practices Patient Experience Scores Decline during a Pandemic

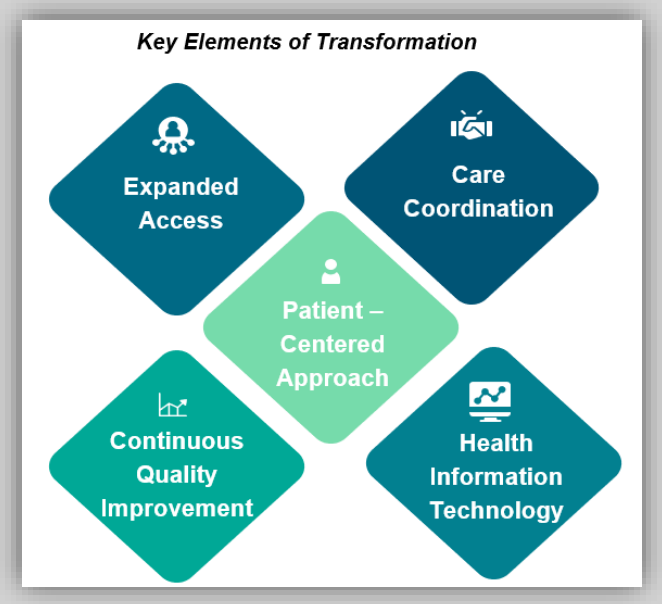
We appreciate the regular work the administration continues to do while simultaneously fighting the COVID-19 pandemic. With feedback from many MDPCP CTOs, it is abundantly clear: poor performance in the Patient Experience category was the primary reason practices achieved below the optimal quality performance target for PBIP. Many of these practices achieved high clinical quality scores (eCQM) and disproportionately performed poorly on CAHPS surveys.

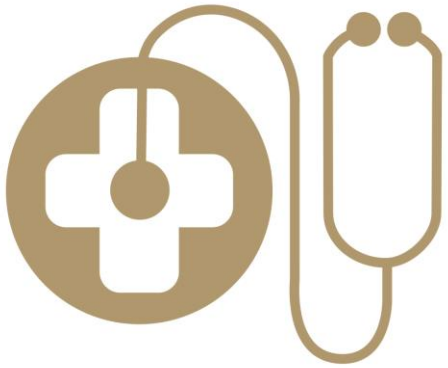
Transformation Grant

We are pleased to announce the Maryland Health Care Commission has awarded a grant to MedChi Care Transformation Organization (MedChi CTO) to engage qualifying primary care and specialty practices in a practice transformation program.

The program goal is to prepare small practices to participate in alternative care delivery models.

The MedChi CTO will assist practices in completing specific transformation milestones such as assessing their readiness for transformation, redesigning workflows, and providing training to practice staff.





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Working with the Board of Physicians to Improve Physician Experience

- Reciprocity – Board of Physicians voted to develop a program
- Expungement – New regulations in review by Department
- Supervisor program – MedChi developing a new program
- Continuing the great work of Physician Health and Rehab thru the Center for a Healthy Maryland

Maryland Hospital Association

UNIVERSITY of MARYLAND BALTIMORE

MedChi
The Maryland State Medical Society

October 7, 2021

Dennis R. Schrader
Secretary, Maryland Department of Health
201 West Preston St.
Baltimore, MD 21201

Dear Secretary Schrader:

As organizations representing hospitals, physicians, and schools of medicine, we appreciate the opportunity to offer our support for the Maryland Loan Assistance Repayment Program (MLARP) Work Group's final report. During the 2020 legislative session, our organizations supported changes to improve Maryland's valuable, though underfunded, loan repayment program for physicians and physician assistants, including the creation of this work group. We commend your staff's excellent work over the past two years shepherding this work group. We fully support the 10 recommendations in the report.

We are particularly interested in ensuring that the state offer $2 million in bridge funding in each of the next two years while stakeholders form a recommendation for a permanent funding solution. **Without consistent and sufficient funding, we anticipate again seeing qualified physicians and physician assistants denied access to this program due to a lack of funding.** Further, the program is in jeopardy of leaving federal matching dollars on the table if the state does not maintain a certain level of funding.

As the report notes, stakeholders believe building the health care workforce should be a top priority for the state, and state investment should reflect that reality. Historically, MLARP has relied on limited funding from a single source—physician licensure fees. This is unsustainable and does not meet the critical moment we are in as a state. The COVID-19 pandemic has only exacerbated the health care workforce shortages. Concerted action must be taken to end this problem.

MLARP is a vital tool to recruit and retain physicians and physician assistants. The program requires physicians and physician assistants to work in health professional shortage areas and medically underserved areas. As a state, it is imperative for Maryland to invest in these professionals and not limit access to health care for the underserved and vulnerable.

We appreciate your consideration and look forward to discussing how, as a state, we can continue to support and expand this important program.

Respectfully,

Bob Atlas
President & CEO
Maryland Hospital Association

Dr. Bruce Jarrell
President
University of Maryland, Baltimore

Gene Ransom
Chief Executive Officer
MedChi

Loan Repayment

MedChi is working to improve the Maryland Loan Assistance Repayment Program (MLARP)

The MLARP offers physicians and physician assistants an opportunity to practice their profession in a community that lacks adequate health care services while also receiving funds to pay their educational loans. Physician, physician assistants, and medical residents may apply. The program provides up to $50,000 per year for a two-year commitment.

Our Work on Opioids

Due to an overlap in committee members and issues we have combined the Opioid, Addiction and Pain Committees.

Dr. Gary Pushkin has stepped down as chair, but will remain on the committee, and Dr. Sarah Merritt is our new chair.

The issues we have been focusing on are:

- Discussing as a committee, with a new chair, what they would like to see the committee achieve moving forward
- PDMP – Assisting with a new CME being created between University of Maryland School of Pharmacy and MedChi on improving the communication and relationship between pharmacists and prescribers
- Awareness of upcoming opioid and cannabis legislative issues
- How the Maryland Primary Care Program (MDPCP) practitioners are addressing Opioid Use Disorders with their patients ie: SBIRT
- Coordinating with MACS and their events/training

BYLAWS COUNCIL
Bylaws, Rules & Regulations Committee

COMMUNICATIONS COUNCIL

LEGISLATIVE COUNCIL
Boards & Commissions Committee
Health Insurance Committee
Public Health Committee
Interprofessional Council

MEDICAL ECONOMICS COUNCIL
Payer Relations Committee
Private Practice of Medicine Subcommittee

MEDICAL POLICY COUNCIL
Addictions Committee
Cannabis Committee
Ethics and Judicial Affairs Committee
Opioid Committee
Public Health Committee

OPERATIONS COUNCIL
CME Review Committee (CMERC)
Committee on Scientific Activities (COSA)
Finance Committee
Personnel & Compensation Committee

TASK FORCES
Global Budgeting Task Force
IDEA (Inclusion, Diversity, Advocacy, Empower) Task Force

SUBSIDIARIES & AFFILIATES
MMPAC
MedChi Agency
Alliance

CENTER FOR A HEALTHY MARYLAND
Development Committee
Finance Committee
Grants & Education Committee
History of Medicine Committee
Physician Health Committee
Physician Health Oversight Committee

SECTIONS
Medical Students
Residents & Fellows
Early Career Physicians
IM

Questions?

Please visit us on the web, at Medchi.org

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