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|  | **CEO Checklist: Meeting HSCRC’s Update Recommendations**  This checklist outlines specific activities that can help you meet the HSCRC’s recommendations for achieving a full rate year 2017 global budget update |

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|  | **HSCRC RECOMMENDATIONS** | **ACTION TO ACHIEVE** | **RESOURCES AND SUPPORT** |
|  | 1. Monitor the growth in Medicare’s total cost of care and total hospital cost of care for its service area | Assign key staff member to view, **quarterly**, CRISP Medicare Total Cost of Care reports that detail county-level and primary service level costs by category; hospital views can and will be tracked by CRISP | CRISP Medicare Total Cost of Care reports can be found [here](https://reports.crisphealth.org/#/site/HospitalsDetail/views/HospitalPortal/CRSHospitalReportingPortal); for credentialing and password reset support, visit: [support@crisphealth.org](mailto:support@crisphealth.org)    On September 16, MHA and HSCRC conducted a webinar describing hospital primary service area Total Cost of Care reports. The webinar can be found [here](http://www.mhaonline.org/docs/default-source/members-only/events/mha-crisp-hscrc-webinar--hospital-psa-tcoc-report-20160916.mp4?sfvrsn=2) (video may take a couple of minutes to load)  Critical questions to discuss **quarterly** with your senior team:   * What was the quarter-to-quarter change? * What do you believe are the drivers of that change? * What more can be done to manage the total cost of care?   **MHA contact:** Brian Sims ([bsims@mhaonline.org](mailto:bsims@mhaonline.org); 410- 540-5057) for more information on how these data may help |
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|  | 2. Work with CRISP, HSCRC, and MHA to obtain available information to support monitoring and implementation efforts | Sign the CMS data use agreement and send it to CRISP | MHA and CRISP held two webinars in September to detail the process of acquiring the Medicare limited dataset from CMS and to answer questions from the field. The slides can be found [here](http://mhaonline.org/docs/default-source/advocacy/regulatory/hscrc/documents-for-ceo-checklist/mha-medicare-reports-overview-2016-09.pdf?sfvrsn=2)  **CRISP contact:** Craig Behm ([craig.behm@crisphealth.org](mailto:craig.behm@crisphealth.org); 410-207-7192) for inquiries about the data use agreements    **MHA contact:** Nora Hoban ([nhoban@mhaonline.org](mailto:nhoban@mhaonline.org)) |
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|  | **HSCRC RECOMMENDATIONS** | **ACTION TO ACHIEVE** | **RESOURCES AND SUPPORT** |
|  | 3. Work with CRISP, HSCRC, and CMMI to obtain data for care redesign activities as soon as it is available | Assign key staff to acquire the Medicare patient identifiable data under the Care Redesign Amendment when instructions are available | Instructions for acquiring the Medicare patient identifiable data will be developed and distributed at a later date  HSCRC’s description of the Care Redesign Amendment (which includes both the Hospital Care Improvement Program and the Complex and Chronic Care Improvement Program) can be found [here](http://mhaonline.org/docs/default-source/advocacy/regulatory/hscrc/documents-for-ceo-checklist/care-redesign-amendmentff49b55c78366c709642ff00005f0421.pdf?sfvrsn=2)  Ensure a member of your team participates in the HSCRC’s seven-webinar series on the care redesign amendment to Maryland’s All-Payer Model, from October 21-January 13. The webinar schedule can be found [here](http://www.mhaonline.org/docs/default-source/publications/update-links/hscrc-all-payer-model-amendment-webinar-series.pdf?sfvrsn=2)  **MHA contact:** Nicole Stallings ([nstallings@mhaonline.org](mailto:nstallings@mhaonline.org)) |
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|  | 4. Monitor the hospital’s performance on Potentially Avoidable Utilization for both Medicare and all payers | Assign key staff to access CRISP’s HSCRC Key Metrics dashboard, which contains benchmarks for potentially avoidable charges per capita on a hospital-specific, regional, and state basis; staff should also, at least **quarterly**, access CRISP’s detailed Potentially Avoidable Utilization reports | MHA convened a September 23 Prevention Quality Indicator Summit to instruct clinical leaders about data-driven strategies that have reduced potentially avoidable utilization; if your organization was not represented, access the slides [here](http://www.mhaonline.org/docs/default-source/advocacy/regulatory/hscrc/documents-for-ceo-checklist/pqi-summit-presentations.pdf?sfvrsn=2)  The CRISP Key Metrics dashboard and the Potentially Avoidable Utilization reports can be found [here](https://reports.crisphealth.org/#/site/HospitalsDetail/views/HospitalPortal/CRSHospitalReportingPortal)  Critical questions to discuss **quarterly** with your senior team:   * What areas of improvement in potentially avoidable utilization might encourage current or future investment? * What potentially avoidable utilization seems especially difficult for your hospital to improve? * Are there patterns among the types of readmissions, Maryland Hospital Acquired Conditions, or Prevention Quality Indicators that might point to a disease-specific or other intervention?   **MHA contact:** Justin Ziombra ([jziombra@mhaonline.org](mailto:jziombra@mhaonline.org)) |

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|  | 5. Implement programs focused on complex and high needs patients with multiple chronic conditions, initially focusing on Medicare patients | Assign key staff to, using CRISP reports at least **quarterly**, broadly understand the disease burden in your hospital’s geography compared to other geographies, and to identify high-needs patients | Use CRISP’s PaTH (Patient Total Hospitalization) Report to identify high-needs patients who have had at least one visit to a local hospital in the preceding 12 months, with filters to sort by chronic condition, payer, and encounter type and frequency. Click [here](https://reports.crisphealth.org/#/site/HospitalsDetail/views/HospitalPortal/CRSHospitalReportingPortal) to access  Use CRISP’s High Utilizer Report to export a list of high-needs patients with local Electronic Medical Record numbers. Click [here](https://reports.crisphealth.org/#/site/HospitalsDetail/views/HospitalPortal/CRSHospitalReportingPortal) to access  Critical questions to discuss **quarterly** with your senior team:   * What conditions among Medicare patients top the high-utilizer list? * Might subsets of Medicare patients, such as those with multiple chronic conditions like diabetes, congestive heart failure, and chronic obstetric pulmonary disease, benefit from additional focus? * Might it make sense to focus on Medicare patients with a combination of one or two hospitalizations plus emergency department visits to identify emerging high utilizers? * What approach to managing Medicare high-utilizers works best for your hospital? * How many high-risk Medicare patients have been identified for case management? * What percentage of high-risk Medicare patients have a care manager, including those who are managed through an ACO or other arrangement? * What percentage have a care plan? * What percentage of the care plans are registered with CRISP? * What strategies other than care management are used to address high-utilizers’ needs? * How can a regional implementation grant, if applicable, be tailored to focus on high-needs Medicare patients?   **MHA contact:** Justin Ziombra ([jziombra@mhaonline.org](mailto:jziombra@mhaonline.org)) |

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|  | **HSCRC RECOMMENDATIONS** | **ACTION TO ACHIEVE** | **RESOURCES AND SUPPORT** |
|  | 6. Work with CRISP to exchange information regarding care coordination resources aimed at reducing duplication of resources, ensuring more person-centered approaches, and bringing additional information to bear at the point of care for the benefit of patients | Assign key staff to, using the Electronic Medical Record integration (Admission Discharge Transfer/Continuity of Care Document) or an Encounter Notification Service subscription panel:   * Notify CRISP of the patients enrolled and disenrolled in care management programs * Identify and notify CRISP of care team members (primary care provider and care manager) and contact information (phone number, email address, secure texting ID) * Send a copy of new or edited care management documentation (care alert and care plan) to CRISP * Use CRISP to monitor the key metrics, i.e. the percent of 20,000 high-needs Medicare beneficiaries that have an identified:   + care manager   + primary care provider   + care alert   + care plan | MHA and CRISP will host a webinar on November 1, from 11 a.m. to noon, highlighting three hospital pilots that have used care alerts to drive down potentially avoidable utilization. Click [here](https://attendee.gotowebinar.com/register/5808493808076333057) to register  Have your CIO, CMO, and/or population health lead meet with CRISP, if they have not already done so, to determine how a hospital’s own information system can interface with CRISP to identify the members of a patient’s care team, including the primary care provider and the care manager, and how hospitals can use existing IT systems to populate care alerts  Have your CMIO, clinical integration lead, and/or emergency department lead participate in a dedicated Care Alert and Care Planning Learning Network to be convened by MHA and CRISP. The network will share content, benefits, and resources for hospitals that are ready to develop and share care management data to reduce potentially avoidable utilization and improve care coordination. To participate in the network, key staff may register [here](https://www.surveymonkey.com/r/TM3XL2Q) for details.  Have your population health lead or the person with primary responsibility for working with CRISP reports participate in a monthly “Super-User webinar” on the third Thursday of each month to share care coordination best practices. To be added to the calendar invite for future webinars contact: [karan.mansukhani@crisphealth.org](mailto:karan.mansukhani@crisphealth.org)  **MHA contact:** Nicole Stallings ([nstallings@mhaonline.org](mailto:nstallings@mhaonline.org)) |

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|  | **HSCRC RECOMMENDATIONS** | **ACTION TO ACHIEVE** | **RESOURCES AND SUPPORT** |
|  | 7. Increase efforts to work in partnership with physicians, post-acute and long term facilities, and other providers to create aligned approaches and incentives to improve care, health, and reduce avoidable utilization for the benefit of patients. Work with physicians with the goal of developing and enhancing value-based approaches that are applied under MACRA | Options for senior hospital leaders to consider, in lieu of or in addition to DHMH’s primary care model that is under development, might include one of the following:   * Transition an existing ACO to a more advanced track ACO * Use data to develop aligned incentive programs for ambulatory or post-acute providers * Meet **monthly** with post-acute care partners in your community to discuss potentially avoidable utilization * Consider creating preferred provider networks (including post-acute care providers and specialists) * Explore with physicians the new options made available under the care redesign amendment * Work with physicians to explore other care redesign models/interventions * Provide data to physicians on resource use and cost * Engage physicians with strategies to address needs identified in the community health needs assessment | Review MHA’s hospital-specific post-acute care spending and utilization reports, which provide insight into partnering to reduce avoidable utilization and improve quality   * Click [here](http://mhaonline.org/docs/default-source/advocacy/regulatory/hscrc/documents-for-ceo-checklist/updated-pac_spending_volume_los.xlsx?sfvrsn=2) to access hospital-level, aggregate post-acute care reports * Click [here](http://www.mhaonline.org/docs/default-source/advocacy/regulatory/hscrc/documents-for-ceo-checklist/snf-detailed-data.xlsx?sfvrsn=2) to access hospital-specific, skilled-nursing specific reports * Click [here](http://www.mhaonline.org/docs/default-source/advocacy/regulatory/hscrc/documents-for-ceo-checklist/hha-detailed-data.xlsx?sfvrsn=2) to access hospital-specific, home health care-specific reports * Click [here](http://www.mhaonline.org/docs/default-source/advocacy/regulatory/hscrc/documents-for-ceo-checklist/hospice-detailed-data.xlsx?sfvrsn=2) to access hospital-specific, hospice-specific reports   Review MHA-sponsored Applied Medical Software reports that benchmark physicians’ use of hospital services within a given hospital; hard copy reports have been distributed to each hospital’s CEO or CFO.  **MHA contact:** Justin Ziombra ([jziombra@mhaonline.org](mailto:jziombra@mhaonline.org)) |
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|  | 8. Participate in the All-Payer Model progression planning efforts | * Attend meetings with HSCRC and DHMH to learn about the dual eligible, primary care, and care redesign models * Provide detailed written comments to HSCRC and DHMH as the progression plan is developed | MHA will keep the field up to date on progression planning developments  **MHA contact:** Mike Robbins ([mrobbins@mhaonline.org](mailto:mrobbins@mhaonline.org)) |
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