

MHCC Update: 2013 Health Care Workforce Study and CClIO Grant Award

Health Care Reform Coordinating Council
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Overview

- Maryland's Health Care Workforce Study
 - Study Goals and Approach
 - State Partners and Collaborators
 - Benefits of the Study to Maryland
- Expansion of the All Payer Claims Database (Medical Care Data Base)
 - Support 'waiver tests' under the Revised Hospital Waiver
 - Meet data needs of Community Integrated Medical Home
 - ✳ Support MIA in ensuring Marylanders get value for their health care dollars.

Maryland's Health Care Workforce Study

Maryland Physician Supply (2009-2010)

	Total	Primary Care	Medical Specialties	Surgical Specialties	All Other
Maryland (per 1,000 population)	2.44	0.77	0.42	0.52	0.74
HRSA Standard (per 1,000 population)	1.93	0.69	0.27	0.43	0.53
MD Percent Difference (above HRSA Standard)	27%	11%	54%	19%	39%

Regional Variations in Supply

(Positive percentage indicates supply in excess of national levels, and negative percent indicates a supply deficit)

Region	Total	Primary Care	Medical Specialties	Surgical Specialties	All Other
Entire State	27%	11%	54%	19%	39%
Baltimore Metro	44%	21%	69%	40%	66%
Eastern Shore	4%	0%	8%	-2%	13%
National Capital	18%	4%	56%	8%	23%
Western	20%	12%	48%	3%	29%
Southern	-26%	-19%	-7%	-34%	-39%

Key: Green = >10%, Yellow = -10% to 10%, Red = <-10%

Baltimore region=Anne Arundel, Baltimore City, Baltimore County, Carroll, Harford, and Howard

Eastern Shore= Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester

Southern Maryland=Calvert, Charles, and St Mary's

Western Maryland=Allegany, Frederick, Garrett, and Washington

2013 Maryland Health Care Workforce Study

Partners and Collaborators:

- Governor's Workforce Investment Board (*Funding Support*)
- Governor's Office of Health Care Reform
- Maryland Health Care Commission
- Maryland Professional Licensure Boards
- Robert Wood Johnson Foundation (*Funding Support*)
 - IHS Global Insight

2013 Maryland Health Care Workforce Study

Study Goals and Approach:

- Assess broadly the quality and utility of data available to study the Maryland health care work force
- Identify types of data needed to assess current and future adequacy of supply of health care services and providers
- Assess data availability, identify current gaps, and possible solutions
- Report on health care workforce characteristics and current distribution
- Make recommendations to Professional Licensure Boards to enhance collection of needed data and to support changes to licensure applications

2013 Maryland Health Care Workforce Study

Providers to be studied

- Emphasis on Primary Care, Oral Health, and Mental Health
- Boards that have submitted licensure data
 - Counselors
 - Dentists
 - Nurses
 - Pharmacists
 - Physicians
 - Psychologists
 - Social Workers

2013 Maryland Health Care Workforce Study

- Preliminary analysis of the current demand for services
- Analysis of the current supply and distribution of health care professionals
- Recommendations to Boards on potential changes to data systems to support workforce studies
- Execution of changes to Board Applications

CCIO Cycle III Grant Funding

Partners and Collaborators:

- Maryland Insurance Administration
- Maryland Health Benefit Exchange
- Maryland Health Care Commission

Background on the APCD (MCDB)

- Authority created by the Legislature in 1993
- What's included...
 - Requires **private carriers** (with \geq \$1 million in premiums) to submit **paid** claims information to MHCC
 - Medicare claims information currently obtained through CMS DUA
 - Medicaid MCO and FFS data are being added on a test basis, but fully included by 2015
- Expansion is underway
 - New files for plan benefits, non-claim payments, new consistently created patient identifier derived from CRISP MPI
 - PBMs, TPAs, QHPs, and QDPs are required to submit
 - More frequent reporting by submitters
- Expansion is needed to meet broader vision of the APCD

ACA provides direction on improving transparency in pricing of health care premiums

- Sec 2794 of the ACA – requires HHS and States develop processes to ensure consumers get value for their dollars
 - CCIIO has awarded 3 cycles of funding
 - Maryland has been successful in each of the 3 cycles
- Cycle 1 and Cycle 2 focus on enhancing MIA capabilities to conduct enhanced rate review as defined in the ACA
 - Maryland was one of the first states to be judged as having an effective rate review process
 - MHCC and MIA began sharing data in 2012 under a DUA
- Cycle 3 funding specifically focused on use of APCD claims to further rate review and enhance price transparency
 - MHCC and MIA will collaborate under the Cycle 3 grant to develop applications that support the work of the MIA and the MHBE
 - Longer term – consumers could use application to compare health care spending and prices

Key Activities under Maryland Cycle III Funding

- Streamline collection processes
 - Eligibility and utilization data must be collected and reconciled more quickly
 - Establish an enhanced extraction and transformation process
 - Reduce cycle time from submission to acceptance
 - Parallel regulatory changes will be adopted in regulations
- Develop 'at the ready' enhanced analytics
 - System support comparisons of a market with products that are sold in that market
 - Rate review is a surge process due to filing deadlines and review schedules
 - Highly aggregated results, but with drill-down capability
 - Application must meet needs of ...
 - MIA rate reviewers
 - Others that have interest in price transparency