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

Health Care Reform Coordinating Council
Wednesday, October 16, 2013

Ben Steffen
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)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Primary Care</th>
<th>Medical Specialties</th>
<th>Surgical Specialties</th>
<th>All Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maryland</strong></td>
<td>2.44</td>
<td>0.77</td>
<td>0.42</td>
<td>0.52</td>
<td>0.74</td>
</tr>
<tr>
<td>(per 1,000 population)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HRSA Standard</strong></td>
<td>1.93</td>
<td>0.69</td>
<td>0.27</td>
<td>0.43</td>
<td>0.53</td>
</tr>
<tr>
<td>(per 1,000 population)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>MD Percent Difference</strong></td>
<td>27%</td>
<td>11%</td>
<td>54%</td>
<td>19%</td>
<td>39%</td>
</tr>
<tr>
<td>(above HRSA Standard)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Source: MHCC 2011 - Maryland Physician Workforce Study
# Regional Variations in Supply

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

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

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

Source: MHCC 2011 - Maryland Physician Workforce Study Presentation (Hogan)
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
CCIIO 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 ≥ $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