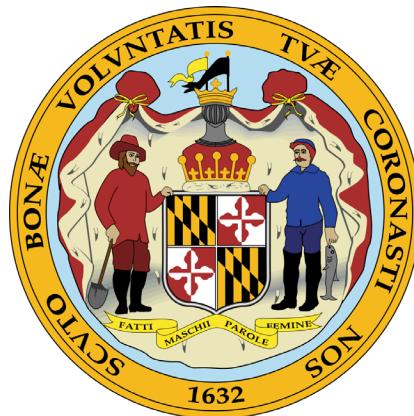




# The Maryland Commission on Health Equity

2024 Annual Report

Health General Article § 13-4307



(This page was intentionally left blank)

## TABLE OF CONTENTS

|   |   |
|---|---|
| Table of Contents                                     | 3 |
| Evolution of the Maryland Commission on Health Equity | 4 |
| MCHE in 2025  | 6 |
| Appendix  | 8 |

## EVOLUTION OF THE MARYLAND COMMISSION ON HEALTH EQUITY

Advancing health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical injustices, and eliminate health and health care disparities, ultimately improving population health. Recognizing the need for an all-government approach to address health equity, the Maryland General Assembly passed the Shirley Nathan-Pulliam Health Equity Act of 2021. This Act established the Maryland Commission on Health Equity (MCHE) and charged it with advising state officials on issues of racial, ethnic, cultural, and socioeconomic health disparities, developing a comprehensive health equity plan to address the social determinants of health (SDOH), and setting goals for achieving health equity in alignment with other statewide planning activities. Two committees were formed - the Data Advisory Committee (DAC) and the Health Equity Policy Committee (HEPC). From 2021 to 2024, the DAC was responsible for making recommendations on data collection, needs, reporting, evaluation, and visualization. HEPC worked on developing a Health Equity Framework to inform the State's development of a public health planning model, for reducing health disparities.

MCHE evolved in 2024, due to the announcement of a new, state-based total cost of care model, the State Advancing All-Payer Health Equity Approaches and Development (AHEAD) by the Centers for Medicare and Medicaid Services (CMS). The AHEAD Model allows Maryland to continue existing statewide efforts and add new initiatives to improve healthcare quality, population health, and control costs under the Maryland Total Cost of Care (MD TCOC) Model agreement with CMS. Maryland's participation in the AHEAD model is seen as critical to achieving the state's objectives to: 1) improve eligibility and access to care; 2) improve the affordability of care; and 3) improve health equity and eliminate health disparities.

In anticipation of the AHEAD model, legislation was introduced during the Maryland General Assembly's Legislative Session in February 2024 to expand MCHE's scope as a governing body and align with the model's governance requirements. House Bill 1333 (HB1333) altered MCHE's membership composition and expanded its responsibilities to include advising the development of an AHEAD model required statewide Health Equity Plan. Additionally, the legislation named the Secretary of Health, Laura Herrera Scott, MD, MPH, and the Executive Director of the Health Services Cost Review Commission (HSCRC), Jon Kromm, PHD, MHS, as MCHE co-chairs. MCHE membership increased from 26 members to at least 33 members with a specific focus on expanding the representation of leaders across the healthcare ecosystem. The following members (or their designees) were added to MCHE's membership: the Deputy Secretary of Health Care Financing; the Executive Director of HSCRC; the Executive Director of the Office of Minority Health and Health Disparities (MHHD); the Executive Director of Maryland Health Care Commission (MHCC); the Executive Director of the Maryland Community Health Resources Commission (CHRC); and at least 14 specified additional members. Additional members include representatives from the following sectors/organizations: Hospitals; Hospital-based Population Health; Federally Qualified Health Centers (FQHCs); Community-Based Organizations (CBOs); Patients from Underserved Communities; Managed Care Organizations (MCO); Commercial Insurer; Clinicians not affiliated with an FQHC or Hospital; the State's Office on Rural Health; and a representative from the Tribal Community. Governor Wes Moore submitted the state's AHEAD application in March 2024 and signed HB1333 into

law on May 16, 2024.

In July 2024, Maryland was selected to join the first cohort of states to implement the AHEAD model, with a pre-implementation period to run until December 2025. Following the awarded grant funding, MDH began transitioning roles, responsibilities, and tasks in anticipation of the effective date for the legislation on October 1, 2024. MCHE's co-chairs, partnered with the Office of Appointments and Executive Nominations to open MCHE appointment applications in July 2024. The Appointments Office also confirmed continuing members or designees from state departments, agencies, and administrations. Official appointment letters for MCHE membership were sent on September 16, 2024. MCHE's roster appears in the Appendix.

Governor Moore signed the AHEAD model state agreement on November 1, 2024, making Maryland the first state to join this innovative program. As the AHEAD governance structure, MCHE supports the state's efforts and is responsible for the following:

- 1) Planning for and assisting with Model implementation, including:
  - a) Providing input into the selection of statewide population health and quality measures and equity targets
  - b) Developing the State Health Equity Plan (SHEP) and producing annual reports on the progress of implementing the SHEP
  - c) Assisting with the review of Hospital Health Equity Plans (Hospital HEPs)
  - d) Providing input on the use of Cooperative Agreement funding to support Model activities
- 2) Ensuring that Model implementation is informed by diverse perspectives and provides input to the award recipient as it plans investments and activities to meet AHEAD's quality and cost growth objectives

MCHE Meetings were held on October 10th, November 22nd, and December 16th of 2024. The meeting agendas can be found in the Appendix. The October meeting provided an overview of the MD TCOC model, the AHEAD Model as well as MCHE's evolution. Additionally, the group heard a summary of the work done by the Commission's previous HEPC to inform the statewide Health Equity Framework. The November meeting focused on the selection of quality measures for Primary Care (PC) AHEAD measures. More specifically, these PC AHEAD measures fall under the Prevention and Wellness and Chronic Condition domains within the AHEAD model. The domains account for performance improvement across sectors, with a specific focus on reducing health disparities among population groups. The December meeting covered the SHEP Template provided by the Center for Medicare and Medicaid Innovation and sought feedback on the proposed SHEP implementation process from the state to the local level. Given MCHE's authority to establish advisory committees to assist in the performance of its duties, the Commission discussed convening a new Data Advisory Committee (DAC) to advise the selection of health equity and quality measures and targets required as part of the SHEP. Maryland is required to submit a draft of the SHEP, including quality and equity targets by July 2025.

Following the December meeting, MDH led the process for DAC recruitment. Ninety-eight applications were received from individuals with measurement development, population health analytics, and health equity target-setting expertise and lived experience as patients/consumers. Twenty-two individuals were selected to serve on the DAC; a copy of the roster is listed in the Appendix. Recommendations and updates from the DAC will be presented during MCHE meetings. Katyayani (Katy) Bhide, MBA, Chief Data

Officer, MDH and Megan Priolo, DrPH, MHS, Vice President and Executive Director, CRISP Maryland will serve as DAC co-chairs. DAC meetings are open to the public and MCHE members are welcome to attend; the committee will meet monthly between January and May 2025.

## MCHE in 2025

While MCHE has an immediate area of focus on the AHEAD model, its core work will continue in 2025. MCHE is required by statute to use a health equity framework to examine and make recommendations regarding:

- Health considerations that may be incorporated into the decision-making processes of government agencies and private sector stakeholders (Health In All Policies (HiAP))
- Requirements for implicit bias training for clinicians engaged in patient care
- Training for health care providers on consistent and proper collection of patient self-identified race, ethnicity, and language data to identify disparities (i.e. SDOH, Health Related Social Needs (HRSNs), and Sexual Orientation and Gender Identity (SOGI))
- Requirements to comply with, and for enforcement of, National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards)

The Commission will also use the health equity framework to:

- Foster collaboration between units of the State and local government and develop policies to improve health and reduce health inequities
- Identify measures for monitoring and advancing health equity in the State
- Establish a state plan for achieving health equity in alignment with other statewide planning activities in coordination with the State's health and human services, housing, transportation, education, environment, community development, and labor systems
- Make recommendations and provide advice, including direct advice to the Secretary, on implementing laws and policies to improve health and reduce health inequities

MDH is updating the State Health Equity Framework (SHEF) based on the initial work of the HEPC and will bring a revised draft to MCHE for discussion and feedback. The SHEF is a public health framework through which policymakers and stakeholders in the public and private sectors use a collaborative approach to improve health outcomes and reduce health inequities by incorporating health considerations into decision-making across sectors and policy areas.

Given the importance of a HiAP approach, MDH implemented new requirements for its legislative review process. Starting with the 2025 Legislative Session, an equity analysis will be completed as part of the bill review. Legislative Liaisons will assess the potential positive or adverse impacts of proposed legislation on underserved populations and answer these two questions:

- 1) Does the bill have an adverse or negative impact on a particular, underserved population such as low-income communities, communities of color, and/or immigrants? (Yes/No)
  - a) If yes, please answer the following question:
    - i) What adverse impacts or unintended consequences could result from the passage of this bill?
- 2) Does the bill have a positive impact on a particular, underserved population? (Yes/ No)

- a) If yes, please answer the following question:
  - i) How would this bill reduce or eliminate inequities or disparities experienced by low-income communities, communities of color, and/or immigrants?

MDH has also made significant progress in addressing the data challenges necessary to advance health equity. Alongside Maryland's current and ongoing health equity promotion activities, myriad opportunities remain to enhance efforts and develop disparities dashboards focused on chronic conditions. This was a request of Maryland House of Delegates' Health and Government Operations Committee Chair, Delegate Peña-Melnyk. The Department is working to establish a more accurate baseline to ensure that strategies are informed by a thorough, data-driven understanding of the populations served. The new Health Indicators Dashboard will be an interactive self-service data portal that provides access to health data across various measures, segmented by demographics. Additionally, the dashboard will show trends over five to seven year time periods and feature a jurisdiction view that allows users to examine disparities in each county and compare the demographic stratification of each metric.

The MCH website - <https://health.maryland.gov/mche/pages/default.aspx> - lists all upcoming meetings and provides links to agendas, presentation materials, and recordings of past meetings. MCH meetings are open to the public and allocate time for public comments.

## APPENDIX

### Abbreviations

|                |   |
|----------------|---|
| AHEAD          | States Advancing All-Payer Health Equity Approaches and Development Model                           |
| CBO            | Community-Based Organization  |
| CHRC           | Community Health Resources Commission   |
| CLAS Standards | National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care |
| CMS            | Centers for Medicare & Medicaid Services  |
| CRISP Maryland | Chesapeake Regional Information System for our Patient Maryland                                     |
| DAC            | Data Advisory Committee   |
| FQHC           | Federally Qualified Health Center   |
| HB1333         | House Bill 1333   |
| HEPC           | Health Equity Policy Committee  |
| HiAP           | Health in All Policies  |
| Hospital HEP   | Hospital Health Equity Plan   |
| HRSN           | Health-Related Social Needs   |
| HSCRC          | Health Services Cost Review Commission  |
| MCHE           | Maryland Commission on Health Equity  |

|          |  |
|----------|--|
| MCO      | Managed Care Organization              |
| MD TCOC  | Maryland Total Cost of Care            |
| MDH      | Maryland Department of Health          |
| MHCC     | Maryland Health Care Commission        |
| MHHD     | Minority Health and Health Disparities |
| PC AHEAD | Primary Care AHEAD                     |
| SDOH     | Social Determinants of Health          |
| SHEF     | State Health Equity Framework          |
| SHEP     | State Health Equity Plan               |
| SOGI     | Sexual Orientation and Gender Identity |



**Maryland Commission on Health Equity (MCHE) Membership Roster**

| Name                          | Seat/ Representative Org.                                    |
|-------------------------------|--|
| Laura Herrera Scott, MD, MPH  | Secretary of Health (Co-Chair)                               |
| Jon Kromm, PHD, MHS           | Health Services Cost Review Commission (HSCRC)<br>(Co-Chair) |
| Sen. Mary Washington, PHD, MA | Maryland Senate  |
| Del. Jamila Woods, MSW, MDiv  | Maryland House of Delegates                                  |
| Leslie Ray                    | Department of Aging  |
| Kelsey Goering, MPP           | Department of Budget and Management (DBM)                    |
| Kirsten Bosak                 | Department of Disabilities                                   |
| Sylvia Lawson, PHD, MS        | State Department of Education                                |
| Danielle Meister, MPA         | Department of Housing and Community<br>Development           |
| Richard Lichenstein, MD       | Department of Human Services (DHS)                           |
| Kristin Fleckenstein          | Department of Planning                                       |
| Marie Grant, JD               | Maryland Insurance Administration (MIA)                      |
| Ryan Moran, DrPH, MHSA        | Health Care Financing and Medicaid                           |
| Alyssa Lord MA, MSc           | Behavioral Health Administration (BHA)                       |
| Nilesh Kalyanaraman, MD, MPH  | Public Health Services (PHS)                                 |
| Camille Blake Fall, JD        | Minority Health and Health Disparities (MHHD)                |
| Ben Steffen, MA               | Maryland Health Care Commission (MHCC)                       |
| Mark Luckner, MA              | Maryland Community Health Resources Commission<br>(CHRC)     |
| Melony Griffith, MSW          | Hospital Representative                                      |
| Tiffany Wiggins, MD, MPH      | Hospital-based Population Health                             |
| Chanté Richardson, PHD, MBA   | Hospital-based Population Health                             |
| G. Johnson Koilpillai, MD     | Federally Qualified Health Centers (FQHC)                    |
| Elizabeth Chung, MS           | Community-Based Organization (CBO)                           |
| Laura Garcia, CRNP            | Community-Based Organization (CBO)                           |
| Vacant                        | Patients from Underserved Community                          |
| Vacant                        |  |

The Maryland Commission on Health Equity 2024 Interim Report

|                                 |  |
|---------------------------------|--|
| Darrell Gray II, MD, MPH        | Managed Care Organization (MCO)                        |
| Bryan Buckley, DrPH, MPH, MBA   | Commercial Insurer                                     |
| Anna Izquierdo-Porrera, MD, PHD | Clinician not affiliated with an FQHC or Hospital      |
| Cynthia Calixte, MD, MPH        | Clinician not affiliated with an FQHC or Hospital      |
| Sara Seitz, MPH                 | Maryland State Office of Rural Health (SORH)           |
| Vacant                          | Tribal Community                                       |
| Kisha Davis, MD                 | Maryland Association of County Health Officers (MACHO) |

Last Updated: 2/13/2025



**Data Advisory Committee (DAC) Roster - Maryland Commission on Health Equity**

|   |   |
|---|---|
| Katyayani (Katy) Bhide, MBA (Co-Chair)<br>Chief Data Officer, Maryland Department of Health   | Megan Priolo, DrPh, MHS (Co-Chair)<br>Vice President and Executive Director, CRISP Maryland   |
| Anna Maria Izquierdo-Porrera, MD, PhD*<br>Executive Director and Co-Founder<br>Care 4 Your Health, Inc.                                   | Julie Kornmann<br>Senior Director, Clinical Population Health Analytics, University of Maryland Medical System                                    |
| Brian Sims<br>Vice President, Quality and Equity, Maryland Hospital Association   | Margo Coruzzi, MA<br>Senior Director, Program Strategy and Impact, Meals on Wheels of Central Maryland  |
| Christina Gray, MS<br>Director, Division of Planning and Assessment<br>Wicomico County Health Department                                  | Nikardi Hynes, MPH<br>Chief Epidemiologist, Prevention and Health Promotion Administration, Public Health Services, Maryland Department of Health |
| Delysha D’Mellow Henry, MPH<br>Manager, Health Economics, CareFirst   | Shante’ Gilmore, MPH<br>Commissioner, Maryland Health Care Commission   |
| Djinge Lindsay, MD, MPH<br>Chief Medical Officer, Maryland Department of Health   | Shawnta Jackson, MPH<br>Patient/Consumer Representative   |
| G. Johnson Koilpillai, MD*<br>Medical Director, Frederick Health Medical Group and Interim Medical Director, Frederick City Health Center | Sherita Hill Golden, MD, MHS<br>Hugh P. McCormick Family Professor of Endocrinology and Metabolism, John Hopkins University School of Medicine    |
| Gabby Knighton, MSW<br>Executive Director, People Encouraging People  | Susan Elerding, MS<br>Director of Clinical Quality, TidalHealth   |
| Geoff Dougherty, PhD, MPH<br>Deputy Director, Population Health<br>Maryland Health Services Cost Review Commission                        | Tanesha Mondestin, MSPH<br>Patient/Consumer Representative  |
| Jennifer Bailey, RN, MS<br>Vice President, Quality and Transformation, Johns Hopkins Community Physicians                                 | Terris King, ScD, MS<br>Commissioner, Community Health Resources Commission   |
| Jessica Galarraga, MD, MPH<br>Assistant Vice President, Health Equity, MedStar Health   | Tiffany Deprospero<br>Health Policy Analyst Advanced, Behavioral Health Administration, Maryland Department of Health                             |

\*Commissioner, Maryland Commission on Health Equity



**Maryland Commission on Health Equity (MCHE)**

**October 10, 2024, 1:00 - 2:30 pm**

**Agenda**

**I. Welcome and Process**

- Laura Herrera Scott, MD, MPH, Secretary
- Jon Kromm, PHD, MHS, Executive Director, HSCRC

**II. Introductions, Roll Call, and Ice Breaker**

- Laura Herrera Scott, MD, MPH, Secretary

**III. Maryland Total Cost of Care Model and the Road AHEAD**

- Jon Kromm, PHD, MHS, Executive Director, HSCRC

**IV. MCHE Evolution and Expectations**

- Laura Herrera Scott, MD, MPH, Secretary

**V. State Health Equity Framework**

- Camille Blake Fall, JD, Director, Office of Minority Health and Health Disparities

**VI. Questions and Answers**

- Laura Herrera Scott, MD, MPH, Secretary
- Jon Kromm, PHD, MHS, Executive Director, HSCRC

**VII. Next Steps**

- Laura Herrera Scott, MD, MPH, Secretary

**VIII. Public Comment**

- Jon Kromm, PHD, MHS, Executive Director, HSCRC



**Maryland Commission on Health Equity (MCHE)**

**Primary Care AHEAD Measures**

**November 22, 2024, 11:00 am-12:00 pm**

**Agenda**

**I. Welcome & Opening Remarks**

- Laura Herrera Scott, MD, MPH, Secretary

**II. Primary Care Under the AHEAD Model**

- Jon Kromm, PHD, MHS, Executive Director, HSCRC

**III. Primary Care AHEAD Measures**

- Djinge Lindsay, MD, MPH, Chief Medical Officer, MDH

**IV. Questions and Answers**

- Laura Herrera Scott, MD, MPH, Secretary



**Maryland Commission on Health Equity (MCHE)**

**December 16, 2024, 1:00 pm-2:30 pm**

**Agenda**

**I. Welcome and Process**

- Laura Herrera Scott, MD, MPH, Secretary
- Jon Kromm, PHD, MHS, Executive Director, HSCRC

**II. SHEP Template & DAC Responsibilities**

- Laura Herrera Scott, MD, MPH, Secretary

**III. Discussion: SHEP Implementation**

- Elizabeth Kromm, PHD, MSc, Assistant Secretary for Population Health and Strategic Initiatives

**IV. Questions and Answers**

- Laura Herrera Scott, MD, MPH, Secretary
- Jon Kromm, PHD, MHS, Executive Director, HSCRC

**V. Public Comment**

- Laura Herrera Scott, MD, MPH, Secretary
- Jon Kromm, PHD, MHS, Executive Director, HSCRC