Rural Health Collaborative Meeting Minutes
June 13, 2019
Time: 5:00pm to 8:00pm
Location: Queen Anne's County Health Department, 206 N. Commerce St., Centreville, MD, 21617, 2nd floor conference room

The following Rural Health Collaborative (RHC) members were in attendance:

Jim Bogden, MPH
Childlene Brooks
James Chamberlain, MD
Joseph Ciotola, MD
Santo Grande, EdD
Ken Kozel, MBA, FACHE
Scott LeRoy, MPH
Maria Maguire, MD, MPP, FAAP
Maura Manley, MBA
Shelly Neal-Edwards, MSW
Sara Rich, MPA
Teresa Schaefer, PhD
April Sharp, LCSW
Anna Sierra, MS, EMT
Derek Simmons, MEd, EdD
Lorelly Solano, PhD
Mary Thompson
Sara Visintainer
Fredia Wadley, MD
William Webb, MS

Also in attendance: Lindsey Snyder, Esq., Assistant Attorney General, Maryland Department of Health (MDH) (phone); Ron Bialek, MPP, Executive Director, RHC, and President, Public Health Foundation (PHF); Russ Rubin, Director, Strategic Communications, PHF; Elizabeth Slye, Intern, PHF; Lisa Chance; Judith Gaston, RN, MS, Eastern Shore Oral Health Education and Outreach Program Coordinator, Office of Oral Health, MDH; Henry Green, CareFirst, Inc. Board of Directors; Kelley Ray, Manager of Community Development and Outreach – Medicare, University of Maryland Medical System Health Plans; Megan Renfrew, MPA, JD, Government Relations and Special Projects, Maryland Health Care Commission (MHCC) (phone); Ben Steffen, MA, Executive Director, MHCC (phone); Amy Travers, Senior Practice Manager, Anne Arundel Medical Center; Kat Varga, Intern, Caroline County Health Department

Welcome, Introductions, and Review of Agenda
Fredia Wadley, MD, Talbot County Health Officer

Meeting was called to order at 5:11pm by RHC President Fredia Wadley, MD. Dr. Wadley thanked everyone for attending, welcomed everyone to the meeting, and reviewed the agenda for the meeting.

Review and Approval of April 8, 2019 Meeting Minutes
Fredia Wadley, MD, Talbot County Health Officer

Dr. Wadley requested any comments on the draft minutes for the April 8, 2019 meeting. No additions or corrections were provided. Sara Rich, MPA, made a motion to approve the minutes. William Webb, MS, seconded the motion. The RHC unanimously approved the minutes.

Year in Review and Planning for Next Year
Ron Bialek, MPP, RHC Executive Director

RHC Executive Director Ron Bialek, MPP, provided a review of RHC activities over the past year and a look ahead at planning for next year. Highlights of prior year activities included appointment of RHC members, convening of the RHC and its Executive Committee, development and adoption of RHC Bylaws, identification of priority concepts for the rural health model, and creation and convening of the Integrating Clinical and Social Support Services Workgroup and Improving Rural Public Transportation Workgroup. Planning for next year included finalizing recommendations, determining components of the rural health model/complex, exploring piloting a model(s)/complex(es), exploring with the counties what is currently in place to support implementation of a model/complex, and drafting a report for the Secretary of Health and Governor. Presentation slides are attached.

Research Related to Priority Concepts for the Rural Health Model
Ron Bialek, MPP, RHC Executive Director, and Elizabeth Slye, Intern, Public Health Foundation

Public Health Foundation (PHF) Intern Elizabeth Slye provided a summary of an initial exploration into evidence related to the priority concepts identified for the rural health model and examples of efforts that have been implemented. Presentation slides are attached.

RHC members discussed their reactions to the examples provided and shared additional questions of interest. RHC members expressed interest in learning more about the NCCARE360 program rolling out in North Carolina. The idea of piloting a coordination effort with the care transformation organizations (CTOs) was raised.

Discussion of What's Needed in Each County for the Rural Health Model to be Successful
Ron Bialek, MPP, RHC Executive Director

Mr. Bialek led a discussion about elements needed for a rural health model/complex to be successful and shared an initial list of potential questions for meetings with the Health Department, Department of Social Services, and Area Agency on Aging in each county to learn more about how services are coordinated. Presentation slides are attached.

RHC members discussed the planned county meetings and questions to be explored. Summaries from the meetings will be distributed to RHC members and discussed during the September RHC meeting.

Other Business
Fredia Wadley, MD, Talbot County Health Officer

Dr. Wadley asked if there was other business to address. RHC Vice President Joseph Ciotola, MD, reinforced the suggestion of a small pilot to get a sense of what is needed.

Wrap-Up and Next Steps
Fredia Wadley, MD, Talbot County Health Officer

Dr. Wadley will work with PHF to plan meetings in each county with the Health Department, Department of Social Services, and Area Agency on Aging with the goal of completing the meetings by September.

PHF will send out a scheduling poll for future RHC meetings.

Meeting was adjourned at 7:02pm.

Year in Review

- Members vetted and appointed
- Collaborative and Executive Committee meetings convened
- Bylaws developed and adopted
- Determined priority concepts for Rural Health Model
- Two workgroups established and met
  - Integrating Clinical and Social Support Services Workgroup
  - Improving Rural Public Transportation Workgroup

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Integrating Clinical and Social Support Services Workgroup

- Charge established
- Recommendations developed
  - Hub concept – resource list and method to keep updated
  - Mapping of referral flow in each county
  - Interagency councils for resolving problems in service delivery
  - Feedback on how coordination is working
  - Communication strategies across clinical and social services
  - Co-locate services, where feasible
  - Transportation suggestions

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Improving Rural Public Transportation Workgroup

- Charge established
- Explored rural transportation models
- Identifying financing opportunities
- Prioritizing models and financing opportunities
- Developing recommendations

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Planning for Next Year

- Finalize recommendations
- Determine components of Rural Health Model/Complex
  - Site(s)
  - Virtual
  - Colocation
  - Other
- Explore piloting Model/Complex
- Explore with counties what's in place to support successful implementation of the Model/Complex
- Draft report for Secretary and Governor

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Rural Health Concepts: Initial Review of Evidence

Elizabeth Slye

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Rural Health Collaborative

June 13, 2019

Research Process

Process:

- Based on the priority concepts identified at last RHC meeting, searches were conducted for evidence-based, new, and emerging practices that align with concepts and desired outcomes
- Focus was on Maryland or rural areas whenever possible
- Some solutions work for multiple concepts, others can be combined
- This is not a comprehensive list, and some practices are too new to have measured outcomes

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Priority Concepts for the Rural Health Model:

- Establish community hubs (one point of entry for individuals) for coordination of clinical and social services to improve outcomes (decrease cost, prevent complications, and reduce hospital admissions)
- Establish partnerships with EMS to help residents find appropriate clinical and social services for high users of 911 for nonemergencies
- Coordinate clinical services and/with social services for patients being discharged from an inpatient setting
- Coordinate all clinical and social services at the medical home – includes behavioral health and dental health
- Establish fixed bus routes to health and social services hubs (e.g., County Ride)
- Work with third-party payers (e.g., Aetna) to provide and/or subsidize transportation

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Establish Community Hubs

Virtual hubs

- Serve as a resource network
- Software to connect healthcare and social services providers in order to coordinate care
- Referrals can be initiated and tracked, viewed by other entities

  - NCCARE360
  - Kaiser + Thrive Local
  - Anthem BC/BS + Solera

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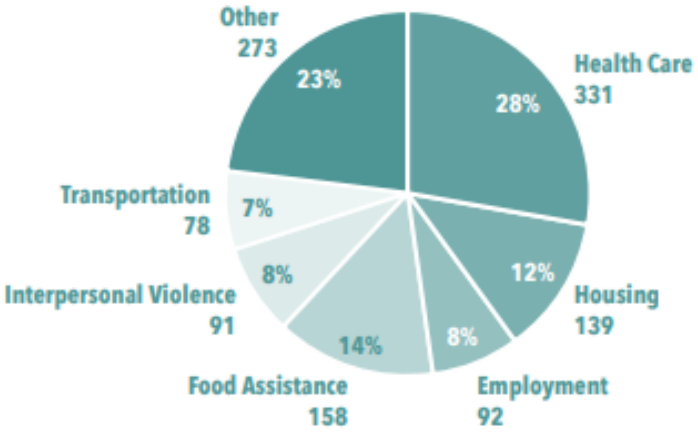
NCCARE360

- A statewide resource network to link consumers to health and social services
  - Resource directory with call center
  - Online resource repository
  - Referral platform
- Built using existing 211 infrastructure
- Currently rolled out to three NC counties, full rollout December 2020
- Funded for 11 years to start
- Public-private partnership



Organizations engaged by domain

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Establish partnerships with EMS

Community Paramedicine

Paramedics & EMTs operate in expanded roles by assisting with primary healthcare and preventive services to underserved populations in the community.

- Providing and connecting patients to primary care services
- Completing post hospital follow-up care
- Integration with local health departments, home health agencies, health systems, and other providers
- Providing education and health promotion programs

Charles County's Mobile Integrated Healthcare unit received the 2019 Model Practices Award from the National Association of County & City Health Officials

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Emergency Triage, Treat, and Transport (ET3) Model

A CMS initiative to reduce expenditures and preserve or enhance quality of care by:

Providing person-centered care, such that beneficiaries receive the appropriate level of care delivered safely at the right time and place while having greater control of their healthcare through the availability of more options.

Encouraging appropriate utilization of services to meet healthcare needs effectively.

Increasing efficiency in the EMS system to more readily respond to and focus on high-acuity cases, such as heart attacks and strokes.

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Emergency Triage, Treat, and Transport (ET3) Model

- ET3 aims to ensure Medicare Fee-For-Service beneficiaries receive the most appropriate care, at the right time, and in the right place

- Medicare-enrolled ambulance suppliers & providers will transport Medicare FFS beneficiaries to covered destinations (e.g., ED) or alternative destinations, or provide treatment in place with a qualified healthcare practitioner (on site or via telehealth)

- RFA to be released in Summer 2019 to solicit Medicare-enrolled ambulance suppliers and providers

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Coordinate clinical services and/with social services for patients at discharge

Community Health Workers (CHW):

- Frontline workers who are trusted members of the community
- Build individual and community capacity through outreach, communication, social support, and advocacy
- Serve as the liaison between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery

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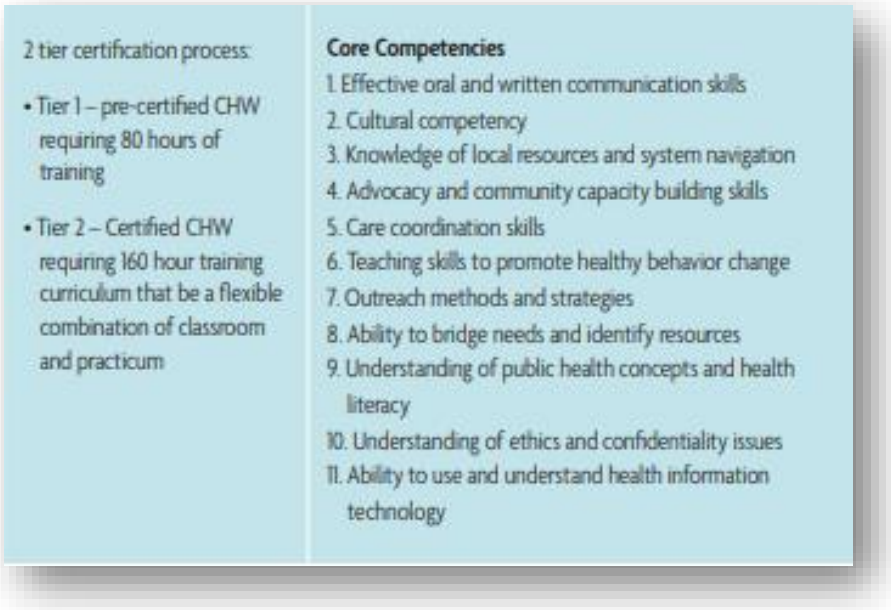
Community Health Workers

- The **Maryland Community Health Worker Advisory Committee** was established in 2018
- 22 CHW training programs identified in MD
- The committee has identified best practices in CHW training programs nationwide:
  - Core competencies
  - Eligibility
  - Two tier system
  - Training hours requirement
  - Practicum hours
  - Knowledge assessment

The next Advisory Committee meeting will be held on Monday, June 17, 2019 in Baltimore



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Care Transitions Project

IPHI and GWU Hospital partnership to improve care transitions and health outcomes for patients with chronic heart failure

A Project aims to improve care continuity and coordination and to reduce hospital readmissions for patients with chronic heart failure.

B CHWs will be trained in basic heart failure treatment by the GWU Heart Failure team.

C CHWs will be deployed to support patients at patient discharge from the hospital.

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Coordinate all clinical and social services at the medical home – includes behavioral health and dental health

Behavioral Health

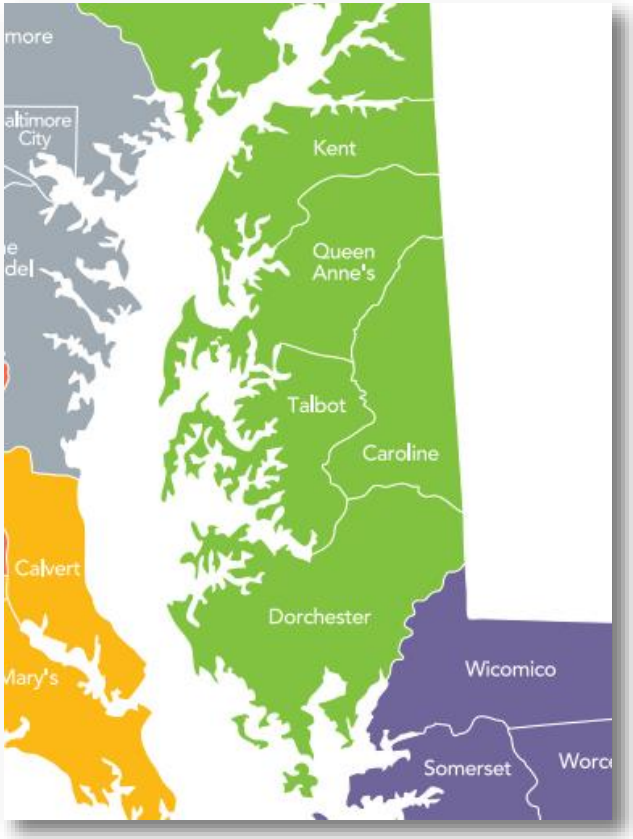
- Beacon Health Options

Oral Health

- MORE Care

Social Services

- Clinic Food Pantry



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Behavioral Health Access in Texas
Walmart (Beacon Health Options)

- Staffed with one LICSW
- Patients can walk in to request an appointment, or sign up online or over the phone
- Easy to get to, evening hours
- Patients can speak to other care professionals remotely
- Appropriate for depression, anxiety, grief
- SMI or requiring Rx will be referred out

> 'If the demand is there, we'll add a clinic. The whole issue is about accessibility.'
>
> Russell C. Petrella, Ph.D.

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Dentistry in Primary Care

Growing trends to watch:

- Co-locating services
- Medical providers offering preventive dental services, such as fluoride varnish
- MORE Care:
  - Helps PCPs & dental providers develop referral networks
  - Helps to integrate oral health preventive measures & self-management goals with patients in primary care
  - Now in 4 states
- Dental therapists:
  - “NP of dentistry”
  - Can now practice in eight states
  - Maryland introduced a bill to establish licensure in 2018, it died in committee

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CHS's Maynardsville, TN Clinic Food Pantry

- FQHC partnered with existing food pantry at local church
- Clinic has a high population of homeless patients
- Church delivers food monthly, clinic also receives separate donations

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Establish fixed bus routes to health and social services hubs

Fixed Routes

- Operate on a predetermined route and schedule
- Printed timetables and designated stops for rider pick up / drop off
- Must meet ADA requirements to ensure accessibility for passengers with disabilities

Flex Routes

- Hybrid fixed-route and demand-response model
- Also use prescheduled timetables
- May to go to a specific location: work site, child care, home
- Work well when deviations from the fixed-route do not impact timetables

- Knoxville Area Transit's Rides to Wellness
- Queen Anne's County Ride

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Knoxville Rides to Wellness

- Promotes 211 as the single point of access to find out how to use local transit to get to healthcare facilities
- Educates 211 personnel on how to assist callers with medical trip planning to and from their home
- Provides Travel Trainers to assist someone with making their first transit trip, on-call at various sites
- Trains healthcare facility personnel to identify if a patient is experiencing difficulty with transportation and to suggest using 211 for their trips

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County Ride

- Operates under Queen Anne's Department of Aging
- Operates 3 deviated fixed routes
  - Deviation is within 3/4 of a mile
- Door to door services are available to individuals with disabilities & disabled visitors not served by or who cannot use existing fixed or deviated route bus services
- Stops include hospital & mall
- In 2018 provided 27,265 transports
  - 10,995 were door to door
  - 16,270 were public fixed route.

General Public:

- 1 Way: $3
- Day Pass: $5
- 10-Ticket Booklet: $30
- Monthly Pass: $80
- Student Monthly Pass: $40

Seniors, Disabled and Medicare cardholders:

- 1 Way: $1.50
- 10-Ticket Booklet: $15
- Monthly Pass: $35

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Work with third-party payers to provide and/or subsidize transportation

Medicare Advantage & Digital Transportation Network Companies for NEMT

Use has been shown to:

- Increase physical activity among seniors
- Improve self-reported quality of life among seniors
- Reduce ride costs
- Reduce ride wait times

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Discussion

- What examples do you have that align with the priority concepts?
- What projects are happening around the Mid-Shore?
- Where else should we look?

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Key Elements of Success for the Rural Health Collaborative Model/Complex

- Leadership engagement across agencies – Local Health Department, Department of Social Services, Office on Aging
- Needs and gaps identified in the coordination and delivery of clinical and social services
- Efforts to address or that are planned to address gaps in the coordination and delivery of clinical and social services
- Partnerships exist and are being developed to address needs
- What else?

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Potential Questions for Each County

- Are there high-level and regular discussions involving the Local Health Department, Department of Social Services, and Office on Aging addressing coordination of clinical and social services?
- What successes have you had in coordinating clinical and social services?
- What strategies have you used to identify needs and address those needs?
- What current partnerships exist that are helping to address community needs? What future partnerships would you like to see?
- Others?

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