

Rural Health Collaborative Meeting Minutes

January 28, 2020

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:

Victoria Bayless, MHSA	Maura Manley, MBA
Childlene Brooks	Shelly Neal-Edwards, MSW
Joseph Ciotola, MD	Sara Rich, MPA
Santo Grande, EdD	Timothy Shanahan, DO
Roger Harrell, MHA	April Sharp, LCSW
Ken Kozel, MBA, FACHE (by phone)	Lorelly Solano, PhD
Scott LeRoy, MPH	Fredia Wadley, MD
Maria Maguire, MD, MPP, FAAP	William Webb, MS

Also in attendance: Lindsey Snyder, Esq., Assistant Attorney General, Maryland Department of Health (MDH); Ron Bialek, MPP, Executive Director, RHC, and President, Public Health Foundation (PHF); Kathleen Amos, MLIS, Assistant Director, Academic/Practice Linkages, PHF; Trisha O'Haro, AETNA Better Health of Maryland; Anna Shao, MPH, Program Coordinator, Horowitz Center for Health Literacy, University of Maryland School of Public Health; Donna Trenz, RN, BSN, CHC

Welcome, Introductions, and Review of Agenda

Fredia Wadley, MD, Talbot County Health Officer

Meeting was called to order at 5:10pm by RHC President Fredia Wadley, MD. Dr. Wadley thanked everyone for attending, welcomed everyone to the meeting, and reviewed the agenda for the meeting. Dr. Wadley requested RHC members update their contact information and invited guests to introduce themselves.

Review and Approval of September 24, 2019 Meeting Minutes

Fredia Wadley, MD, Talbot County Health Officer

Dr. Wadley requested any comments on the draft minutes for the September 24, 2019 meeting. No additions or corrections were provided. William Webb, MS, made a motion to approve the minutes as written. Sara Rich, MPA, seconded the motion. The RHC unanimously approved the minutes.

Rural Health Collaborative Membership Updates

A. Maryland Department of Health Attendance Policy

Lindsey Snyder, Esq., MDH Assistant Attorney General

MDH Assistant Attorney General Lindsey Snyder, Esq., provided an overview of the MDH Attendance Policy that went into effect in October 2019.

B. Member Nominations and Appointments

Ron Bialek, MPP, RHC Executive Director

RHC Executive Director Ron Bialek, MPP, provided an updated on RHC member nominations and appointments. Maura Manley, MBA, has been reappointed for a second term as a health care consumer from Dorchester County. Two new RHC members have been appointed: Margaret Ellen Kalmanowicz as a representative from a local Board of Education in the Mid-Shore Region and Christina Bartz, PA-C, MMS, as a health care provider from Caroline County. Two additional nominations have been submitted to MDH and are being vetted: Jennifer Dyott, DNP, CRNP, FNP-C, as a health care provider from Dorchester County and Maynard Nash as a representative from a primary transportation provider in the Mid-Shore Region. Two vacant seats remain: one for a primary care provider who practices in the Mid-Shore Region, for which Matthew King, MD, has been nominated, and one for a health care consumer from Kent County, for which nominations are being sought. In addition, the RHC Executive Committee will vote on RHC officers in February 2020.

Update on Meetings with the Care Transformation Organizations

Joe Ciotola, MD, Queen Anne's County Health Officer

RHC Vice-President Joe Ciotola, MD, provided an update on discussions with care transformation organizations (CTOs) serving the Mid-Shore Region. Two meetings have been held with the University of Maryland Medical System's Transform Health MD, and discussion are planned to continue. The Anne Arundel Medical Center Collaborative Care Network has also been invited to engage in discussion.

Plan for 2020

Ron Bialek, MPP, RHC Executive Director

A. Where We are Now

Mr. Bialek summarized the work that has been done by the RHC over the past year, including gathering information about service provision in the five Mid-Shore counties; learning about the CTOs, rural health needs, and barriers to meeting needs; prioritizing elements to include in a rural health complex; and conducting meetings with each county's Department of Social Services, Area Agency on Aging, and Health Department. The RHC will continue to build on this work as it moves forward.

B. What the RHC Legislation Requires

Mr. Bialek provided an overview of what the legislation establishing the RHC requires to be provided to the Governor and General Assembly by December 1, 2020. This legislation defines what a rural health complex is and describes the standards and criteria the RHC is charged with developing in relation to a rural health complex. The RHC is charged with developing standards and criteria that a community must meet to establish a rural health complex and standards and criteria for a rural health complex.

C. Plan for Meeting RHC Legislative Requirements

Mr. Bialek described the plan for the RHC's work in 2020 to produce its December 1, 2020 report. The current RHC meeting will include a discussion of criteria that a community must meet to establish a rural health complex. The March RHC meeting will focus on a discussion of criteria for a rural health complex. Prior to the June meeting, PHF will use the results of these discussions and discussions with the RHC Executive Committee to draft criteria that a community must meet to establish a rural health complex and criteria for a rural health complex. PHF will also begin drafting standards that a community must meet to establish a rural health complex and standards for a rural health complex based on these meetings, discussions, information gathered during the individual county meetings, literature, and other resources. The June RHC meeting will include sharing the draft criteria and a discussion of these draft standards. Fall RHC meetings have not yet been scheduled, so dates and plans for those meetings are tentative and timing could change. The current plan is for a September RHC meeting to discuss additional feedback on the draft criteria and standards and begin discussing policy recommendations for elements that need to be in place for a rural health complex to be successful. A November RHC meeting will focus on finalizing the recommendations and report containing standards and criteria that a community must meet to establish a rural health complex, standards and criteria for a rural health complex, and supporting policy recommendations.

RHC members discussed the legislative requirements and plan for RHC work in 2020.

Mr. Bialek shared an initial draft list of criteria that a community must meet to establish a rural health complex, and RHC members provided input and feedback. RHC members discussed demonstrating the need for a rural health complex; demonstrating ability, actions, or willingness to coordinate clinical and social services; the need for flexibility in the criteria; demonstrating support of the county council/board of health, social services advisory board, elected officials, or other relevant stakeholders or keeping those stakeholders informed; the terminology of human and social services; the desired level of specificity in the criteria; the need for commitment of key stakeholders to a rural health complex; demonstrating support of healthcare, social services, and public health entities serving the community; the desire for existing or new collaborations; the focus on the Medicare population or the entire population; and what types of organizations might be eligible to establish a rural health complex.

Other Business

Fredia Wadley, MD, Talbot County Health Officer

Dr. Wadley asked if there was any other business to address. RHC members were reminded to update their contact information.

Next Steps

Fredia Wadley, MD, Talbot County Health Officer

Dr. Wadley wrapped up the meeting. RHC members were asked to send additional input about criteria that a community must meet to establish a rural health complex or criteria for a rural health complex to PHF. Mr. Bialek thanked Dr. Wadley for serving as RHC President. Meeting was adjourned at 7:29pm.