

## Maryland Mid-Shore Rural Health Collaborative

Larry Hogan  
Governor  
State of Maryland

Bill Ferguson  
President of the Senate  
Maryland General Assembly

Adrienne A. Jones  
Speaker of the House  
Maryland General Assembly

Dennis Schrader  
Secretary of Health  
Maryland Department of Health

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November 23, 2022

### **Update from the Maryland Mid-Shore Rural Health Collaborative in Response to Senate Bill 1056 (2018)**

Dear Governor Hogan, President Ferguson, Speaker Jones, and Secretary Neall:

On behalf of the Maryland Mid-Shore Rural Health Collaborative (RHC), please find attached a 2022 calendar year update, Establishing Rural Health Complexes in Maryland's Mid-Shore Region, as mandated per Senate Bill 1056 (2018) and in accordance with § 2-1246 of the State Government article.

There remains a need for ensuring access to and coordinating health and social support services on the Mid-Shore. The RHC recommends a practical approach to meeting these needs by building on existing services and programs. Investing in the Mid-Shore Region's existing services and programs is a cost-effective and practical approach to improving health. In the interest of health and well-being for Mid-Shore residents, the RHC calls upon the State of Maryland to make immediate and sustainable investments in the region's current programs, and to support expansion and replication of programs that work.

We look forward to working with you to help meet the health needs of Mid-Shore residents.

Sincerely,  
*Joseph*

Joseph A. Ciotola, Jr., MD J.  
President  
Maryland Mid-Shore Rural Health Collaborative

# **An update on the Maryland Rural Health Collaborative’s Overarching Recommendations to Facilitate Health Improvement Efforts within the Mid-Shore Region**

As stated in the December 2020 legislative report Establishing Rural Health Complexes in Maryland’s Mid-Shore Region ‘there are a variety of needs within the Mid-Shore Region that, if addressed, could improve health, and there are a variety of ways to address these needs. The Rural Health Collaborative (RHC) concluded that the best path forward was to build on the services and programs that already exist in Mid-Shore communities, ensuring that they are adequately resourced to meet the needs of the population and sufficiently connected to do so effectively and efficiently.

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**Recommendation #1 Implement programs to increase the numbers and types of health professionals, such as nurse practitioners, physician assistants, nurse midwives, social workers, and dental hygienists, as well as community health workers (CHWs), who will add capacity to the network of care providers in the Mid-Shore Region.**

Update: A consortium of RHC members representing the Eastern Shore Area Health Education Center (AHEC), Choptank Community Health System, Maryland Rural Health Association, University of Maryland Shore Regional Health and the Horowitz Center for Health Literacy, convened to begin the study of health professional recruitment and retention strategies. Leveraging a planning grant from the Health Resources and Services Administration (HRSA), the group looked specifically at Caroline, Dorchester and Talbot counties to focus early efforts with the goal of broadening to Kent and Queen Anne’s County in subsequent years.

In the fall of 2022, this planning group transitioned to a workgroup under the Mid Shore Health Improvement Coalition. Stakeholder members include leadership from the University of Maryland Shore Regional Health, Luminis Health, and Choptank Community Health System as well Chesapeake College, Eastern Shore AHEC, Maryland Rural Health Association, Mid Shore Behavioral Health and Crossroads Community (a behavioral rehabilitation center). The workgroup will promote and implement the health professional recruitment and retention strategies studied and proposed by the initial consortium.

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**Recommendation #2 Instruct county and State agencies to study and design models that offer improved coordination of health and social support services.**

**Recommendation # 3 Create an information hub, or “social home,” to facilitate the coordination of health and social support services that impact health status.**

Update: The 2020 RHC report stated ‘The Mid-Shore Local Health Improvement Coalition (LHIC) could play an important role in studying and evaluating models designed to improve coordination of health and social support services.’ A working group was convened to 1) understand residents’ issues and concerns about the coordination of health and social support services; 2) study and evaluate models designed to improve coordination of health and social support services.

To understand residents’ issues and concerns, in the spring of 2022, a series of in-person and online focus groups and stakeholder interviews were held with individuals and community groups, as well as health and social service providers. The workgroup also studied three models to improve coordination of health and social support services: NCCare360, One Care

Vermont, and Kaiser's Thrive Local Network.

Findings:

- Individuals may not be referred to specialist services when necessary, or may be referred to providers who are out-of-network, leaving patients with unexpected and sometimes costly fees.
- Providers do not routinely make referrals to address social needs. As an example, a mental health specialist assisting an individual may find that the individual's moment of crisis was triggered by the overwhelming thoughts of unemployment, food insecurity, addiction-related problems, and/or inability to pay utilities. Therefore, while the individual may benefit from counseling or de-escalation to address their mental health, the individual may need basic assistance support. Similarly, individuals with lack of transportation, adequate housing or access to quality food, may have exacerbated risk of costly acute or chronic conditions.

Recommendations for local/regional agencies and state officials:

- Employ in-office patient advocates/Community Health Workers to navigate social services and/or utilize Americorps volunteers through Chesapeake College.
- Enhance 211 Maryland to be a robust statewide resource directory with dedicated navigators, a data team verifying resources, and text and chat capabilities.
- Tie 211 resources into the existing referral mechanism through CRISP. Build social referrals through CRISP and model enhancements on documented referral networks. Ensure that health care and human services providers have the ability to send and receive secure electronic referrals, seamlessly communicate in real-time, securely share client information, and track outcomes.
- Use quality improvement strategies to identify and integrate coding (z-codes) for social determinants of health screenings. Provider practices, and local agencies should model a process from Maryland Primary Care's voluntary program to screen for SDoH. Ensure that 'warm hand-offs', referrals and feedback loops are embedded in this process.
- Support and engage practice leaders, provider champions, and quality improvement leaders to adopt QI interventions.

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**Recommendation #4 Fund expansion of existing Mid-Shore services and programs to meet standards and criteria for a rural health complex.** Specific recommendations to build on existing infrastructure within the Mid-Shore Region include:

- Build upon the services of the Mid-Shore Region's sole Federally Qualified Health Center, Choptank Community Health System (Choptank), to cover the entire Mid-Shore Region. Choptank has demonstrated its capability to meet health needs. Additional and sustainable investments by the State of Maryland in Choptank are necessary to expand capacity to serve the entire MidShore Region.
- Ensure reimbursement and expansion of telehealth. Telehealth has been a highly effective way to deliver services throughout the COVID-19 pandemic. Sustaining and expanding telehealth will enhance the Mid-Shore's longer-term ability to provide needed health services.

- Ensure reimbursement and expansion of Mobile Integrated Health (MIH) services. MIH services have been demonstrated to be cost-effective and meet important needs of Mid-Shore residents. Reliable and sustainable funding is necessary for MIH to meet long-term needs on the MidShore.
- Improve the efficiency and effectiveness of health and social support services delivery through strategies such as co-location of services and flexibility in use of State funds. Successful approaches for coordinating the delivery of health and social support services have been demonstrated. Attention should be given to expanding these approaches throughout the Mid-Shore Region.
- Engage the Mid-Shore Region's two hospital systems, University of Maryland Shore Regional Health and Luminis Health, in developing strategies and actions to fill gaps in specialty care and better coordinate with other providers of healthcare, dental care, behavioral health, and social support services. The Mid-Shore Region's hospital systems have demonstrated a desire to address unmet needs for health services. Maryland's Health Services Cost Review Commission can provide the flexibility and incentives for these hospital systems to enhance their efforts in meeting these needs.

The RHC thanks the Maryland General Assembly for supporting statewide programs and policies to enhance the health of residents statewide and on the Mid-Shore. The RHC strongly believes that further action to build on the Mid-Shore Region's existing infrastructure will have a positive and sustainable impact on the health of the region's residents.