



Maryland Community Health Resources Commission

Senate Budget & Taxation Committee Health & Human Services Subcommittee

June 25, 2020



Presenters Today

- **Elizabeth Chung**, CHRC Chair
- **Mark Luckner**, CHRC Executive Director
- Salisbury-Wicomico Integrated FirstCare Team
 - **Dr. Kathryn Fiddler**, Vice President of Population Health, Peninsula Regional Health System and SWIFT Program Advisory Board Member
 - **Dr. Charles Dolan**, Salisbury Fire Department and SWIFT Program Advisory Board Member
- Mary's Center
 - **Ingrid Andersson, RN BSN**, Director of Nursing Education and Programs

CHRC Background & Mission

- Created by the Maryland General Assembly in 2005:
 1. Expand access to health care in **underserved communities**;
 2. Support projects that serve **low-income Marylanders**, regardless of insurance status; and
 3. Build capacity of **safety net providers**.

CHRC Commissioners

Eleven Commissioners, appointed by the Governor

*term begins July 1, 2020

Elizabeth Chung, CHRC Chair and Executive Director, Asian American Center of Frederick

J. Wayne Howard, CHRC Vice Chair, Former President and CEO, Choptank Community Health System, Inc.

Scott T. Gibson, Senior Vice President of People and Programs, Melwood Horticultural Training Center, Inc.

Celeste James, Executive Director of Community Health and Benefit, Kaiser Permanente of the Mid-Atlantic States

***Maulik S. Joshi, Dr. P.H.**, President & CEO, Meritus Health

***Karen-Anne Lichtenstein**, Former President & CEO of The Coordinating Center

Carol M. Masden, LCSW-C, MDPCP Project Manager, Lois A. Narr, D.O., LLC

Destiny-Simone Ramjohn, Vice President, Community Health and Social Impact, CareFirst BlueCross Blue Shield

Erica I. Shelton, M.D., Assistant Professor, Johns Hopkins University School of Medicine, Department of Emergency Medicine

Carol Ivy Simmons, Ph.D. Kaiser Permanente

Anthony C. Wisniewski, Esq., Chairman of the Board and Chief of External and Governmental Affairs, Livanta, LLC



Impact of CHRC Grants

- 266 grants totaling \$77.7 million.
- More than **488,000 Marylanders** served.
- Statewide impact- projects in all **24 jurisdictions**.
- **Address Social Determinants of Health (SDOH)**.
- Federally Qualified Health Centers, local Health Departments, free clinics and outpatient behavioral health providers.

CHRC as Steward of Public Funds

- Current portfolio of **71 open grants**; **\$17.5 million** in funds managed.
- Prioritize projects that yield **quantifiable outcomes**, i.e., clinical outcomes and cost-savings.
- Grantees are held **accountable for performance** and achieving goals and outcomes.

Supporting Safety Net Providers During COVID

#1- Provide relief for current grantees

- Permit reporting extensions and extend grant end dates for up to 12 months from March 5, 2020
- Re-allocate up to 25% of remaining grant funds for COVID-related activities/response.

#2- Issue COVID Emergency Funding Relief Call for Proposals (next slides)

COVID-19 Emergency Relief Call for Proposals



STATE OF MARYLAND
Community Health Resources Commission
45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor
Elizabeth Chang, Chair – Mark Ludmer, Executive Director

*Providing Emergency Relief for Community Health
Resources and Supporting Safety Net Providers During
the COVID-19 Virus Pandemic*

COVID-19 Virus Response Emergency
Relief

Call for Proposals

April 27, 2020

- 66 proposals received, requesting a total of \$2.8 million in funding requests.
- \$1.46 million in federal CARES Act funding made available to CHRC from the Maryland Department of Health

COVID-19 Emergency Relief Call for Proposals

Maryland Community Health Resources Commission COVID-19 Emergency Relief Funding RFP

Type of Applicant	# of Applications Received	Amount Requested
Community-Based Provider	29	\$1,125,675
FQHC	4	\$188,758
Behavioral Health	15	\$661,818
Hospital	9	\$415,750
Free Clinic	3	\$95,457
Local Health Department	2	\$100,000
Other	4	\$222,003
Total	66	\$2,809,461

48 applicants have not received a CHRC grant in the past.

40 applicants are first-time applicants.



COVID-19 Emergency Relief Call for Proposals

Examples of COVID funding requests:

- 1. Telehealth** (expansion / creation of services)
 - Laptops
 - HIPAA Compliant Software
 - Video services (Zoom)
- 2. Procurement of PPE**
- 3. Infection control measures**
 - Sanitization / deep cleaning of facilities
 - Equipment for minimization of aerosolized saliva (Dental)
- 4. Physical & social distancing**
 - Purchase of equipment

COVID-19 Emergency Relief Call for Proposals Awards

Applicants evaluated on an 80-point scale.

Priorities and key review criteria:

- **Serve vulnerable populations;**
- **Address Social Determinants of Health;**
- **Health disparities and health equity**

Commissioners awarded 45 applicants a total of \$1.3 million in funding on June 23, 2020.

CHRC staff is in the process of contacting every applicant.

CHRC monitoring of COVID grantees

- CHRC takes seriously its responsibility as fiscal steward of public resources (COVID RFP supported with federal funding)
- **September 2020-** Interim progress reports due.
- **January/February 2021-** Final grantee reports due (expenditures up to December 2020 are allowable under federal funding guidelines).

Salisbury-Wicomico Integrated FirstCare Team (SWIFT)

- Mobile Integrated Healthcare-Community Paramedicine Program
 - Collaboration between Peninsula Regional Health System and the Salisbury Fire Department, began in October of 2017
 - Staffing: SFD Paramedic and PRHS Nurse Practitioner with community health team members
 - Patient Population: Medically Underserved, High Utilizers of 911 and ER
 - Goals: Reduce acute care visits by providing primary care and referral to services by visiting patients where they reside



Salisbury-Wicomico Integrated FirstCare Team (SWIFT)

- Outcomes in 2019: Enrolled over 40 patients, reduced acute care/ER visits by 58%, and a 56% reduction in acute care dollars
 - Program Expansion in 2020-2021:
 - Expansion into Wicomico County
 - Use of telemedicine and remote patient monitoring
 - Use of Nurse Practitioner and Paramedic to respond on low level 911 calls to reduce ER visits for non-emergent conditions
- COVID-19 pandemic programmatic disruption due to inability to visit and interact with patients at the capacity





DC-based FQHC operating for 32 years with two Maryland clinic locations (Montgomery and Prince George's)



Serve more than 21,000 patients every year at Maryland clinics (39% of total patient population)



42% of Montgomery County patients are uninsured



51% of Prince George's County patients are uninsured



58% of medical visits shifted to telehealth since COVID-19 health emergency began in March



Financial Impact of COVID-19

Increased expenses for purchase of PPE, cleaning supplies.

Lost billing revenue from cancelled appointments & reduced reimbursement rate for telehealth.

Cancelled fundraising events

Unanticipated costs to upgrade systems/equipment for entire staff to work remotely.

Not qualified for stimulus packages.

Budget cuts = future cuts to programs/staffing.

