STATE OF MARYLAND

Community Health Resources Commission

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Larry Hogan, Governor; Boyd Rutherford, Lt. Governor;
Edward J. Kasemeyer, Chair; Mark Luckner, Executive Director

Maryland Health Equity Resource Advisory Committee
Data and Program Evaluation Subcommittee

Virtual Meeting – September 7, 2021 / 9:00 AM – 11:00 AM
Zoom Link: https://zoom.us/j/91277467376?pwd=bmc5UU5WcFphYnRScHlSamxHWVd2UT09
Meeting ID: 912 7746 7376 / **Passcode**: 312407
Dial-In Number: 301-715-8592 / **Meeting ID**: 912 7746 7376 / **Passcode**: 312407

MEETING OBJECTIVES:

1. Review and discuss public comments received
2. Discuss remaining key questions to address as the Pathways RFP is addressed

AGENDA

1.	Call to Order	Chair Rebecca Altman	9:00 AM
2.	Review & Approve August 24 Meeting Minutes	Chair Rebecca Altman	9:05 AM
3.	Overview of Public Comments submitted	Chair Rebecca Altman	9:10 AM
4.	Opportunity for Public Comment	Chair Rebecca Altman	9:50 AM
5.	Potential remaining key questions for Pathways RFP	Chair Rebecca Altman	10:20 AM
6.	Next Steps & Closing remarks	Chair Rebecca Altman	10:50 AM
7.	Adjourn	Chair Rebecca Altman	11:00 AM

The meeting was called to order at approximately 8:10 AM.

In addition to Subcommittee Chair Rebecca Altman, Maryland Community Health Resources Commission and Health Equity Resource Community Advisory Committee Chair Edward Kasemeyer and Elizabeth Chung attended in person. Subcommittee members Alyssa Brown, Maura Dwyer, Michelle Spencer and Mikalya Walker attended the meeting virtually. Dr. Noel Brathwaite's designee, Dr. David Mann also attended virtually. Commission AAG Michael Conti, Commission Executive Director Mark Luckner, and Commission staff attended the meeting as well.

WELCOME
Subcommittee Chair Altman welcomed the group and invited attendees and stakeholders to introduce themselves.

CRISP Presentation
Anja Fries and Laura Mandel from Chesapeake Regional Information System for our Patients (CRISP) spoke about CRISP's role in the HERC/Pathways program (see slide presentation).

First, CRISP can provide publicly accessible data to Pathways applicants to help them demonstrate disparities. This data could be provided in the form of Excel spreadsheets with information on population, Social Determinants of Health (SDOH) factors, and health outcomes. SDOH variables could be drawn from the American Community Survey (census) and aligned with the CDC's Social Vulnerability Index. Health data could be drawn from CRISP's claims data and MDH data sources. Some data values may need to be suppressed to protect patient privacy. Permissions would need to be secured for the use of some data sources. Other sources, such as Community Health Needs Assessments, also could be utilized by applicants.

Dr. Mann asked whether certain criteria would be used to determine an area's eligibility prior to the grant application process, as had been the case for the HEZ program. Mark Luckner said that the Pathways/HERC applicants will be required to demonstrate their own eligibility in their applications. Elizabeth Chung encouraged that applicants be given Technical Assistance in working with data sets.

Second, CRISP discussed tools that could be used for post-award grant monitoring, including CRISP's Public Health Dashboard and a HERC grantee dashboard. CRISP does not typically collect process measures but could support this through another system such as RedCAP.

Alyssa Brown noted that requiring the use of standard screening tools across HERCs could be helpful in creating continuity across sites in the data collected. Mark Luckner said that CHRC will provide support to grantees in developing post-award data sets, including both measures that are specific to the grantee and their programs, as well as measures that are standardized across grantees.

Members discussed program evaluation and how to define "success." While saving money through reduced ED utilization is one legislative goal of the program and could be achieved by focusing interventions on high utilizers, it was the last of the five purposes outlined, and should not be the main priority.

Dr. Mann observed that SDOH interventions may require a longer timeframe to demonstrate results, whereas tracking ED utilization rates can demonstrate program effectiveness in the short term. Chair Altman noted that two-year Pathways grants may be more oriented toward short-term results, while HERC grants may be better able to promote long-term outcomes. Pathways grants may be evaluated on how they *begin* to address specific health disparities.

Success for Pathways grants may be defined as creating conditions for longer term change and better health outcomes. Program sustainability is essential for success. Reducing disparities must be a focus, and success could be defined as developing systems that resolve existing differences in opportunity and don't leave people behind.

Dr. Mann observed that there would be two levels of outcome/evaluation data: data related to the cohort of individuals receiving the program's interventions; as well as surveillance data at the local, jurisdiction and statewide level to see if the program had moved population health. Additionally, Dr. Mann said, success should be measured as an improvement in the *trajectory* of a metric, not just the metric itself.

Subcommittee member discussion of key questions

Chair Altman led Subcommittee members in a discussion and revision of the proposed questions for public comment.

Process for public comment period

Mark Luckner explained the process for receiving public comment. CHRC staff will develop a form to enable comment on each of the questions approved by the Subcommittee. Members of the public are encouraged to fill out this form and submit responses by September 3, 2021. Responses should be emailed to mdh.chrc@maryland.gov. Public comments may also be presented orally at the next Subcommittee meeting.

Schedule for next Subcommittee meeting

The Data & Program Evaluation Subcommittee will next meet on September 7 from 9:00-11:00 AM. The meeting will be held virtually.

Adjourn
There being no further business, a motion to adjourn was offered by Chair Kasemeyer and seconded by Elizabeth Chung. The motion was approved unanimously, and the meeting was adjourned at 9:30 AM.