MCHRC
Maryland Community Health Resources Commission

Community Health Resources Commission

January 20, 2016

The Hon. John A. Hurson
Chairman, Maryland Community Health Resources Commission

Mark Luckner
Executive Director, Maryland Community Health Resources Commission

BACKGROUND ON THE CHRC

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Maryland Community Health Resources Commission

- **The Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access for low-income Marylanders and underserved communities.**
- **Statutory responsibilities include:**
  - Increase access to primary and specialty care through community health resources
  - Promote community-hospital partnerships and emergency department diversion programs to prevent avoidable hospital utilization
  - Facilitate the adoption of health information technology
  - Promote long-term sustainability of community health resources as Maryland implements health care reform

BACKGROUND ON THE CHRC

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The CHRC grants have focused on the following public health priorities:

Reducing infant mortality

Integrating behavioral health

Promoting ED diversion programs

Investing in health information technology

Expanding primary care access

Addressing childhood obesity

Increasing access to dental care

Building safety net capacity

BACKGROUND ON THE CHRC

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- **Eleven Commissioners of the CHRC are appointed by the Governor.**
- **Below is a listing of the CHRC Commissioners (one vacancy).**

John A. Hurson, **Chairman**

Nelson Sabatini, **Vice Chairman**

Elizabeth Chung, Executive Director, Asian American Center of Frederick

Charlene Dukes, President, Prince George's County Community College

Maritha R. Gay, Executive Director of Community Benefit and External Affairs, Kaiser Foundation Health Plan of the Mid-Atlantic States Region

William Jaquis, M.D., Chief, Department of Emergency Medicine, Sinai Hospital

Sue Kullen, Southern Maryland Field Representative, U.S. Senator Ben Cardin

Paula McLellan, CEO, Family Health Centers of Baltimore

Barry Ronan, President and CEO, Western Maryland Health System

Maria Harris-Tildon, Senior Vice President for Public Policy and Community Affairs, CareFirst BlueCross BlueShield

IMPACT OF CHRC GRANTS

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- **Since 2007, CHRC has awarded 154 grants totaling $52.3 million. Most grants are for multiple program years.**
- **CHRC has supported programs in all 24 jurisdictions.**
- **These programs have collectively served approximately 200,000 Marylanders.**
- **Most grants are awarded to community based safety net providers, including federally qualified health centers (FQHCs), local health departments, free clinics, and outpatient behavioral health providers.**

IMPACT OF CHRC GRANTS

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- **Encourage programs to be sustainable after initial "seed" grant funding is expended.**
- **Utilize CHRC grant funding to leverage additional federal and private/non-profit funding.**

CHRC GRANTS IN LARGER CONTEXT

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- **Assist ongoing health care reform efforts**
  - Build capacity of safety net providers to serve newly insured
  - Assist safety net providers in IT, data collection, business planning
  - Promote long-term financial sustainability of providers of last resort
- **Support All-Payer Hospital Model and health system transformation**
  - Provide initial seed funding for community-hospital partnerships
  - Fund community-based intervention strategies that help achieve reductions in avoidable hospital utilization
  - Issued white paper, “Sustaining Community-Hospital Partnerships to Improve Population Health” (authored by Frances B. Phillips)
- **Support population health improvement activities**
  - Align with State Health Improvement Process (SHIP) goals
  - Build infrastructure of Local Health Improvement Coalitions

CHRC REAUTHORIZATION

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Maryland Community Health Resources Commission

- **The Maryland General Assembly approved legislation (Chapter 328) in 2014 to re-authorize the CHRC until 2025. This vote was unanimous.**

- **CHRC has a demonstrated track record in distributing and managing public funds efficiently and holding grantees accountable for performance**

  - 47 grants, totaling $10 million, under implementation
  - Monitored by CHRC staff of four PINS
  - Agency overhead is 7% of its $8 million budget

COMMUNITY HEALTH RESOURCES ARE IMPORTANT IN ONGOING HEALTH REFORM

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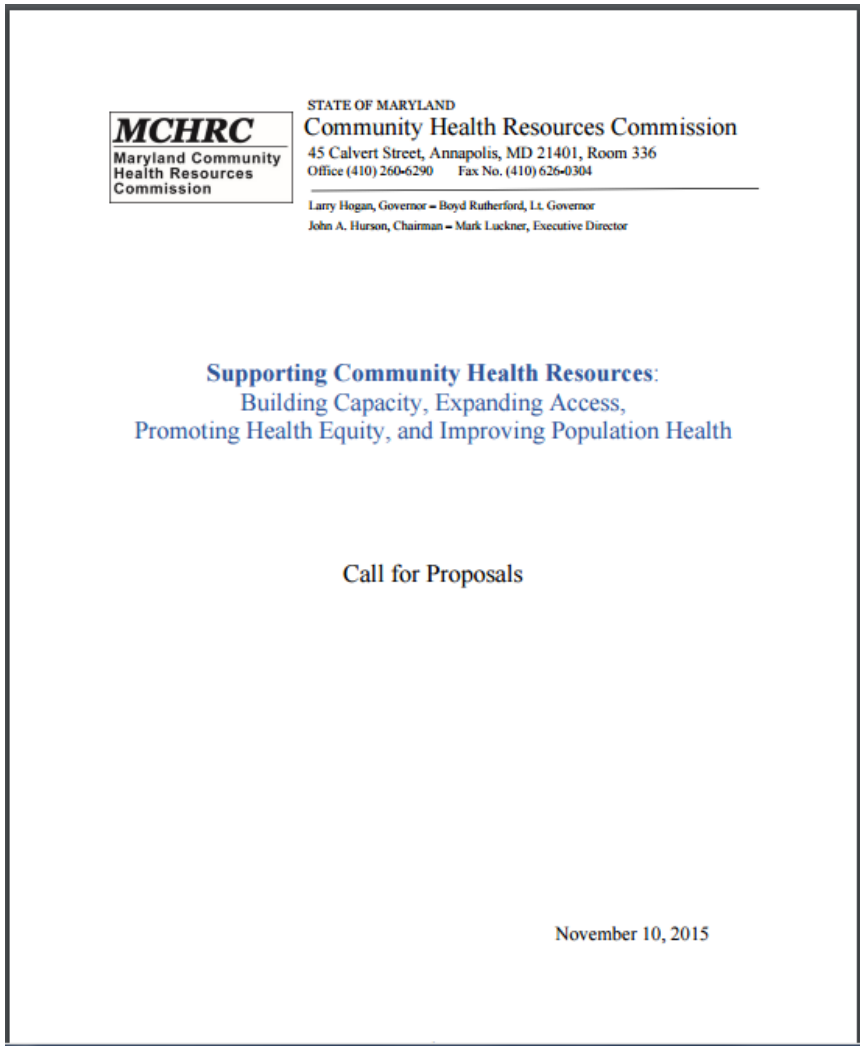
- **Health insurance does <u>not</u> always mean access**
  - FQHCs and other community health resources may be the best option for newly insured because many non-safety net providers do not accept new patients or have long wait times
- **Historical mission of serving low-income individuals who are impacted by social determinants and have special health and social service needs**
  - Health literacy - critical role of safety net providers
- **Demand for health services by the newly insured dramatically outpaces the supply of providers**
  - 81% of FQHCs nationally have seen an increase in patients in the last 3 years

FY 2016 CALL FOR PROPOSALS

MCHRC
Maryland Community Health Resources Commission



MCHRC
Maryland Community Health Resources Commission

STATE OF MARYLAND
Community Health Resources Commission
45 Calvert Street, Annapolis, MD 21401, Room 336
Office (410) 260-6290 Fax No. (410) 626-0304

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor
John A. Hurson, Chairman – Mark Luckner, Executive Director

Supporting Community Health Resources:
Building Capacity, Expanding Access,
Promoting Health Equity, and Improving Population Health

Call for Proposals

November 10, 2015

Key Dates:

November 10, 2015 – Release of Call for Proposals
January 11, 2016 – Applications due
January/February – Grant Review Period
Mid-March – Presentations and Award Decisions

Three strategic priorities:

(1) Expand capacity;
(2) Reduce health disparities; and
(3) Support efforts to reduce avoidable hospital utilization.

FY 2016 CALL FOR PROPOSALS

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- **Generated 71 proposals totaling $14.8 million in year one funding (FY 2016 budget - $1 million is available)**

- **Most proposals seek funding for multiple years. Total requested this year was $31.3 million.**

- **RFP includes 4 types of projects:**
  1. **Women's health/infant mortality** - 4 proposals, $1.7M
  2. **Dental care** - 12 proposals, $2.8M
  3. **Behavioral health/heroin and opioid epidemic** - 20 proposals, $9.8M
  4. **Primary care and chronic disease management** - 35 proposals, $17.0M

FY 2016 CALL FOR PROPOSALS

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Review Criteria (100 point scale)	
(1) Addresses strategic priorities (1a) Build capacity and support implementation of the Affordable Care Act (1b) Address health disparities (1c) Reduce avoidable hospital admissions and readmissions	
(2) Community need	(3) Project impact and prospects for success
(4) Program monitoring, evaluation, and capacity to collect/report data	(5) Sustainability/matching funds
(6) Participation of stakeholders and partners	(7) Organizational commitment and financial viability

CHRC BUDGET AND DEMAND BY COMMUNITY HEALTH RESOURCES

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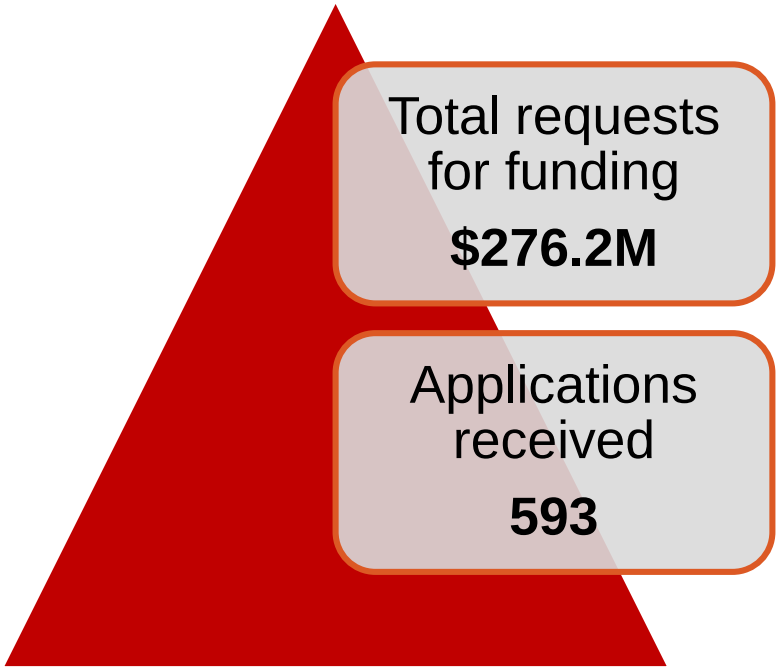
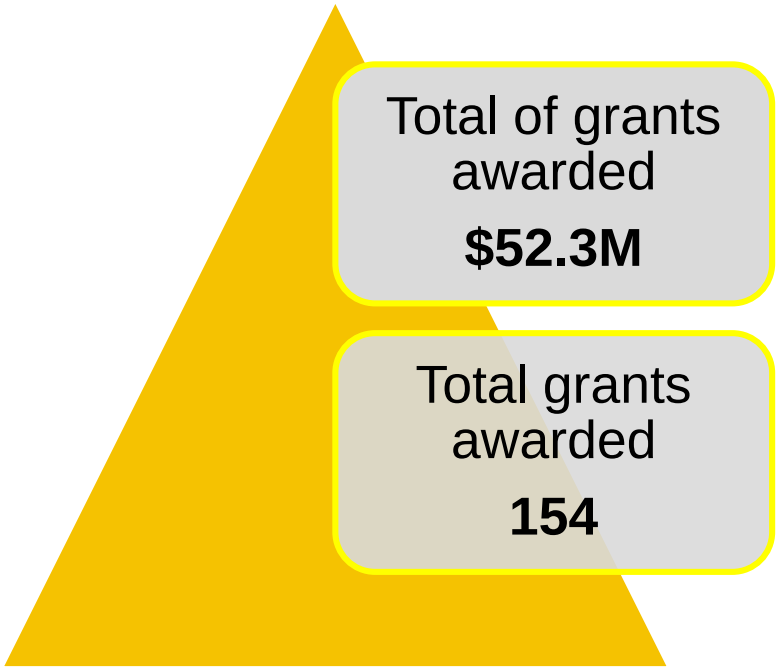
- **Demand for grant funding exceeds CHRC's budget**
- **The Commission has funded approximately 19% of requests ($276.2M requested; $52.3M awarded)**





CHRC GRANTEE PRESENTATIONS

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Traci Kodeck, Health Care Access Maryland (HCAM)
David Baker, LifeBridge Sinai Hospital

- Access Health, ED diversion program and community-hospital partnership
- Targets high utilizers and offers care coordination and linkage to care

Tammy Black, Access Carroll

- Access to care for low-income residents providing primary care, dental, and behavioral health services
- Promote long-term financial sustainability by leveraging other grants (CareFirst and Weinberg) and billing third party payers (Medicaid and commercial)

Dr. Larry Polsky, Calvert County Health Department

- "Healthy Beginnings" program for substance using women of reproductive age
- Program provides counseling, prenatal care, training, and linkage to community resources

Colenthia Malloy, Greater Baden Medical Services

- Open new health center site in Charles County; FQHC operates multiple sites in Prince George's, Charles, and St. Mary's Counties
- Services include: primary care, management of chronic disease, and behavioral health

Maryland Community Health Resources Commission: Access Health

Traci Kodeck, MPH

Interim-CEO, HealthCare Access Maryland

And

David R. Baker, DrPH, MBA

Director, Ambulatory Quality, LifeBridge Health

SINAI HOSPITAL
a LifeBridge Health center

LIFEBRIDGE HEALTH

HealthCare Access MARYLAND
COVERAGE. CARE. CONNECTIONS.
HCAMARYLAND.ORG

ED Frequent User Reduction

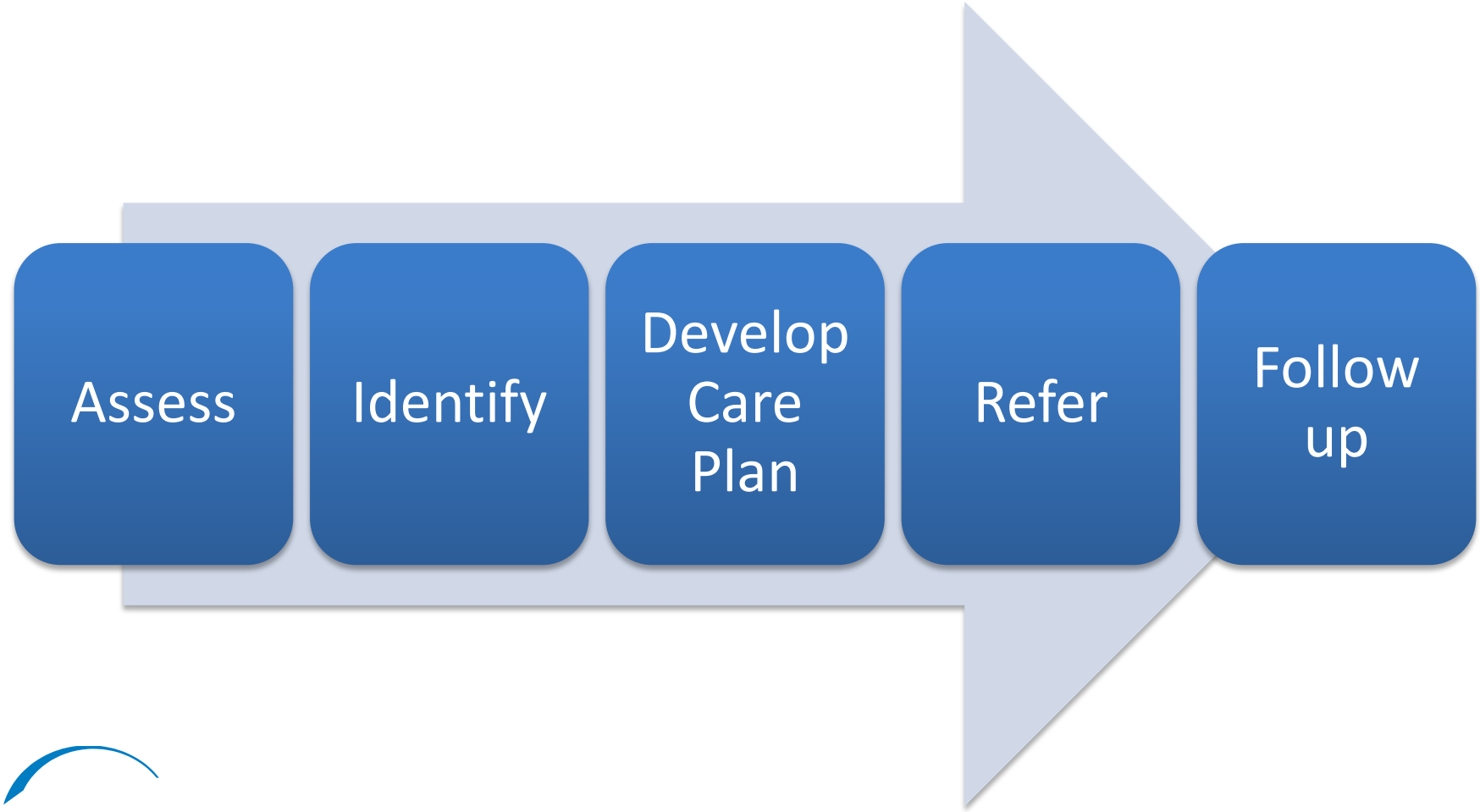
"Access Health" – Partnership with HCAM

- Launched in June 2014
- Embedded Care Coordinators in Sinai ED
- Engage patients returning with
  - Unmanaged chronic conditions (somatic, behav, subst abuse)
  - Ambulatory-sensitive conditions
- Intensive Care Coordination
  - 3 months
  - Home visits
  - Address social barriers

HealthCare Access Maryland (HCAM):

Baltimore-based nonprofit that specializes in connecting vulnerable Maryland residents to needed social services and health-promoting resources

Our Model



LIFEBRIDGE HEALTH

Impact To-Date

- **434** clients enrolled *(Jan 11 2016)*
  (51% of referred patients)
- **Client profile:**
  - **4%** High-risk/super-utilizer
  - **37%** At-risk*
  - **29%** Low-risk
  - **30%** Insurance only
- **Insurance sign-up:** 120 clients
- **Obtain a primary care provider:** 222 clients
- **Primary care appointments kept:** 73%

Impact To-Date (cont.)

Estimated Avoided Utilization To-Date

Comparing 4 months pre-enrollment with 4 months post case closed

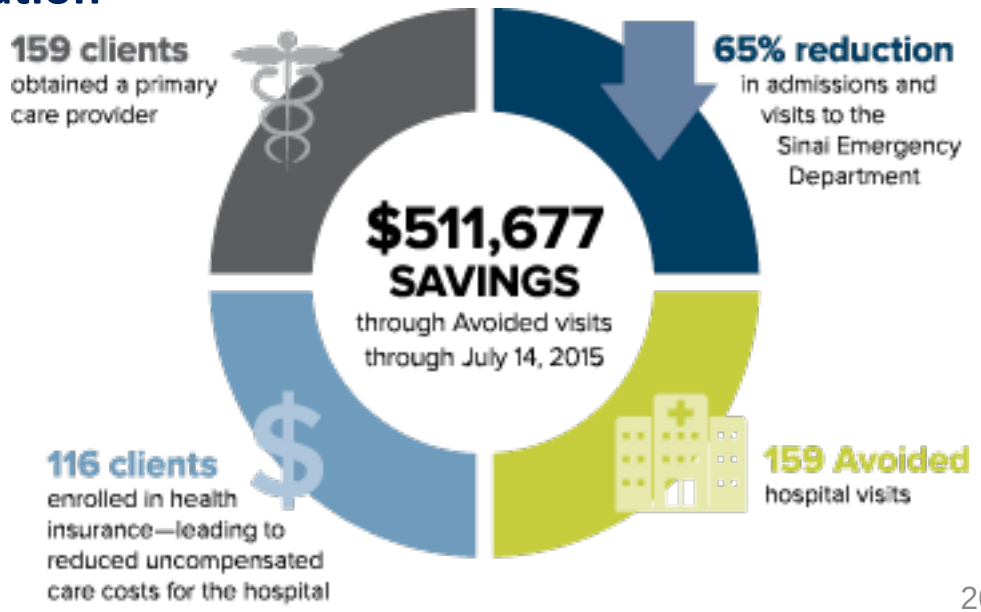
At-Risk Clients with Cases Closed through 9/10/15

- 78% have 0 visits in the first month post case closed
- 65% have 0-1 visit 4 months post case closed

Sinai Hospital	% Reduction	Avoided Visits	Average Charge/Visit	Est. Avoided Charges
ED Visits	64%	157	$1,181	$185,417
Inpt Stays	80%	45	$9,935	$447,075
Total	67%			$632,492

Lessons Learned

- Hospital Champion
- Embedded within ED
- Access to EMR system/Flagging System
- Shared Data
- CRISP ENS alerts
- Delineation by Risk Stratification



LIFEBRIDGE HEALTH

Sample Client Story #1

In a five-day period in July, a 54-year-old man had come to the Sinai ED three times. He was referred to an Access Health Care Coordinator. The Coordinator learned that, in addition to having a hernia, the client lacked health insurance and frequently went hungry.

The Coordinator worked with the client for 6 weeks—including three home visits. She connected him to Medicaid, a primary care provider, and food stamp benefits. She also helped the patient schedule hernia surgery.

Since working with the Care Coordinator, the client has not visited the ED.

Sample Client Story #2

The client is a 56 year old woman who often came to the ED for non-emergency reasons, such as a stomach ache. Prior to enrollment, the client visited Sinai's ED 14 times within a 4-month period. The Coordinator met with her in the ED and the client agreed to program services.

The Coordinator established a relationship with the client and arranged a new PCP, medication support, and a therapist. HCAM is in the process of obtaining a home aide. The client has followed through on her appointments to-date.

Since development of her care plan, the client has returned to the ED only once.

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LIFEBRIDGE HEALTH

ACCESS
carroll
INTEGRATED HEALTH CARE

An Integrated, Patient-Centered, Medical Home

- Private, nonprofit – 501(c)(3)
- Established 2005 – 10 years old
- Private and Public Health Partnership
- Strategic partners with Carroll Hospital & CCHD & Partnership for a Healthier Carroll County
- Provide integrated medical, dental, and behavioral health
- Target low-income, at-risk residents – high rate of chronic disease
- Community-based - Volunteer driven
- Centrally located
- Addressing local health access – only full-time safety-net

Who We Are

Community Health Resources Commission (HCRC)

- Three MCHRC Grants for improving access to health care since 2007:
- 1. Access to Care – Care Coordination – 2007
  - Award: $100K/2 years = $479,078 leveraged cash
- 2. Access to Dental Care – 2011
  - Award: $300K/3 Years = $611,767 leveraged cash
- 3. Capacity Expansion – 2014
  - Award: $125K/2 Years = $184,125 leveraged cash

Leveraging Power

- Total MCHRC Awards: $525,000
- Total Leveraging thru December 31,2015
  - Cash: $1,274,970
  - In-Kind: $5 million conservatively– providers, supplies, diagnostics, staffing, facility space

Access Coordination

- Established first RN Care Coordinator in county for at-risk residents (Access Coordinator – hired March 2007)
- Model of Coordination for aligning community resources – diagnostics, specialty care, medications, providers/staff
- Focused on Social Determinants of Health since 2007 – shelter, food, clothing, phones, transportation, public assistance
- Overall patients served: 6,703 individuals
- Intensive Case Management: Average 65 monthly - 1 FTE

IMPACT: Model of training and replicating Care Coordination within community and intensive case management: efficient, cost-effective, high patient satisfaction, high provider retention, reduction of disease exacerbations, reduction ED utilization & readmissions, reduction of recidivism, and healthy community

- International Recognition: China visited in 2014

Access to Dental Care

- Funding in response to a proposed capital expansion project
- 2011-2012 Initially extractions only – 1 day/month – capital delays
- 2013 – Opened New Dental Clinic – full time
- Preventive, Diagnostic, Restorative, Emergency
- Funding supported full time dentist and essential dental staff

IMPACT:

- Only full-time family dental clinic in CC offering reduced cost dental care for all ages – sliding fee $40 at 138% of FPL
- Will be only clinic accepting Medicaid for all ages
- Serving high number Medicaid and elderly Medicare
- New relationship with University of MD Dental and Hygiene School
- Served: 802 Individual Patients with 4,672 encounters
- Highest need: Extractions and Dentures
- Since Opening clinic 07/2013: Extractions: 4,361 Dentures: 1,147
- People don’t hire people who don’t have teeth! Giving smiles!!

Capacity Expansion

With imminent need to expand, three core goals:

1. Transition from solely grant and donation based revenue to accepting of insurance, targeting Medicaid recipients.

Barriers: Malpractice, Volunteerism Success: MA Provider Status

2. Develop an integrated business and sustainability plan with public health partners.

3. Develop platform for FQHC application when eligible to apply as an integrated private and public hybrid model.

IMPACT: Establish as premier community health safety-net provider – integrated medical, dental, and behavioral health

- Expand as Medicaid and safety-net provider
- Directly address population health and local health improvement plans
- Achieve high quality, affordable, accessible, and collaborative health services for at-risk residents with emphasis on prevention and wellness.
- Model drivers: Person-centered care, social determinants of health, chronic disease management, and community health navigation

On behalf of the patients we serve, we thank the MCHRC for being a VISIONARY PARTNER since 2007!

Visionary Partners provide philanthropic support to address community health issues through innovative and pioneering concepts. Through the generosity of our Visionary Partners, Access Carroll is a trailblazer of improved access to medical, dental, and behavioral health services for those most in need in Carroll County, Maryland.

Thank You!

10 Year Anniversary
2005-2015

Contact Information

- Main Patient Line: 410-871-1478
- Fax: 410-871-3219
- Email: info@accesscarroll.org
- Web: www.accesscarroll.org
- Facebook – Access Carroll

- Executive Director: Tammy Black
  tblack@carrollhospitalcenter.org

Healthy Beginnings: Maternal-Behavioral Health Intervention

CALVERT COUNTY HEALTH DEPARTMENT

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Healthy Beginnings Grant and Bridge to Health Grant

- Healthy Beginnings grant provides one-stop coordination of care for pregnant women in need of behavioral health services and payment for underfunded services
- In the first 1 ½ years, 31 pregnant women have case managed
- 77.4% have 7 or more prenatal visits
- 87.1% born >2500 grams
- 90.3% of babies have **not** required NICU care
- 77.4% have received contraception after delivery
- >450 outreach patients

CALVERT COUNTY HEALTH DEPARTMENT

The average 7-10 day NICU admission for a baby near full term costs approximately $50,000.

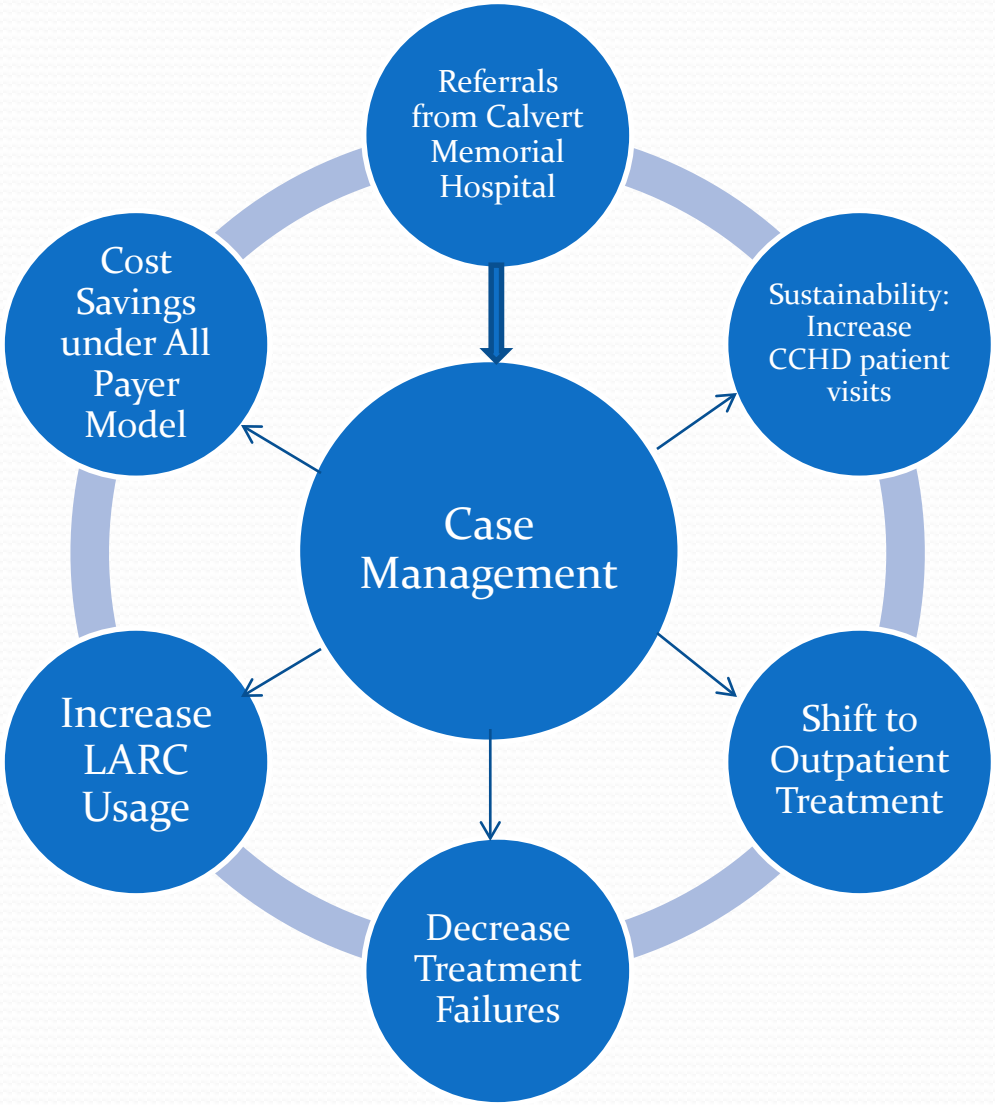
Cost for a baby born at 28 weeks is >$250,000.

“Public health is public wealth.” B. Franklin

CALVERT COUNTY HEALTH DEPARTMENT

Project Phoenix Case Management

- Assistance with insurance enrollment
- Establish care with Behavioral Health provider
- Transportation needs
- Coordinating Behavioral Health with Primary Care
- Link to Social Services



CALVERT COUNTY HEALTH DEPARTMENT

Project Phoenix

GOALS over 3 Years

- 190 Case Manager contacts for behavioral health patients
- Reduce ER visits by 120
- Reduce hospital readmissions by 60

RESULTS in 1st 5 Months

- 96 Contacts with 85 patients case managed
- 63.2% without return visits to ER
- 75.4% without hospital readmission

Calvert Memorial Hospital
Tradition. Quality. Progress.

CALVERT COUNTY HEALTH DEPARTMENT