



STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor
 Allan Anderson, M.D., Chair – Mark Luckner, Executive Director

TO: CHRC Commissioners
FROM: Mark Luckner, Executive Director, CHRC
 Moira Lawson, Senior Health Policy Advisor, CHRC
DATE: November 20, 2018
RE: Program Evaluation by the Hilltop Institute

The following briefing memo highlights the key findings of the program evaluation performed by the Hilltop Institute. Cynthia Woodcock, Executive Director of Hilltop, has been invited to provide a brief presentation to the Commission at the meeting on November 27 and will be available to answer Commissioner’s questions. Attached is a copy of Hilltop’s executive summary.

The Commission hired Hilltop to perform a multi-year analysis of four programs to determine the extent to which projects contributed to a more cost-effective service delivery and improved health outcomes. The analysis by Hilltop as described in the executive summary confirms that the four programs evaluated in fact made their objectives of reducing avoidable hospitalization and achieved linkages to community based care. In two of the programs (Garrett County Health Department and Lower Shore Clinic), Hilltop’s analysis calculated cost savings achieved by the intervention strategies.

- Garrett County Health Department - Average per user hospital costs declined from \$5,420 during baseline to \$541 in the post-intervention period.
- Lower Shore Clinic - Average per user hospital costs declined from \$13,303 during baseline to \$7,902 in the post-intervention period.

The following table summarizes the key findings of the programs that were evaluated by Hilltop.

Key Findings of the Hilltop Evaluation of CHRC –Funded Programs		
Grantee	Program	Findings
Potomac Healthcare Foundation	CHRC funds were utilized to establish a 50-bed residential recovery support center in West Baltimore.	<ul style="list-style-type: none"> • 88.3 percent of program participants engaged in alcohol or drug dependence treatment for at least 30 days after program discharge. • Total average Medicaid costs per user increased in the 90-day post-intervention period compared to the 90-day baseline period, but the data suggest a shift from hospital-based care to outpatient services and pharmacy treatment for substance use disorder, an objective of the program. • 20.5 percent of participants relapsed as evidenced by claims or encounters for detoxification, an inpatient admission, or an ED visit with a primary diagnosis of substance disorder.

Grantee	Program	Findings
Garrett County Health Department	CHRC funds were utilized to support the use of tele-health technology to increase access to Medication Assisted Therapy (MAT) in a rural corner of the state.	<ul style="list-style-type: none"> • Total average Medicaid costs per user decreased from \$4,725 during baseline to \$3,901 in the post-intervention period, or 17 percent. • After discharge from the program, all participants obtained at least one MAT prescription, and 85.7 percent continued to be engaged in alcohol or drug dependence treatment for at least 30 days. • Per user health care costs suggest evidence of a shift from hospital-based care to outpatient services and pharmacy treatment during the immediate 90 days after discharge.
Lower Shore Clinic	CHRC funds were utilized to support the "CareLink" program that provides post discharge case management services to individuals with behavioral health needs who visit the hospital ED in high volumes.	<ul style="list-style-type: none"> • Total average Medicaid costs per user decreased 44 percent in the 90-day post-intervention period compared to the 90-day baseline period, and there was evidence of a shift from hospital-based care to outpatient services and pharmacy treatment. • ED visits related to behavioral health-related conditions decreased from 21.4 percent during baseline to 6.5 percent in the post-intervention period. • The percentage of participants with a usual source of care in the post-intervention period nearly doubled from baseline. • 30-day hospital readmissions was mixed, with 18.2 percent of participants readmitted within 30 days of their most recent hospital stay prior to enrollment in CareLink.
Baltimore City Health Department	CHRC funds were utilized to outreach pregnant women who are currently unable to be located through traditional outreach methods and direct these vulnerable pregnant women and newborns into appropriate obstetric and pediatric homes.	<ul style="list-style-type: none"> • 99 percent of enrolled women had at least one prenatal visit during the measurement period and 46.5 percent completed one postpartum visit during the post-intervention period, suggesting that the objective of the intervention, connecting vulnerable pregnant women to the care system, was achieved. • The percentage of participants who received care consistently from the same provider for two or more visits increased from 51.8 percent during the baseline period to 70.5 percent in the post-intervention period. • The rate of very low birth weight among the babies delivered by study participants was about 3 percent, consistent with the overall Medicaid population.