STATE OF MARYLAND
Community Health Resources Commission
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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John A. Hurson, Chair

The Maryland Community Health Resources Commission

2007 Annual Report

November 30, 2007

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The Community Health Care Access and Safety Net Act of 2005 authorized the creation of the Maryland Community Health Resources Commission. Governor Martin O'Malley appointed the current Commissioners in May, 2007.[1] Through grants, community assessments, and technical assistance, the Commission has worked to increase access to care for low-income families and under- and uninsured individuals. The Commission is helping communities develop more coordinated, integrated systems of community-based care, redirect non-emergency care from hospital emergency rooms to other providers in the community, and assist individuals in establishing a medical home. Community-based health care centers and programs, referred to in the legislation as "community health resources" are the cornerstone of these efforts. These community health resources are eligible to apply for and receive grants from the Commission.

The Commission has met regularly since March, 2006 after the original eleven commissioners were appointed in January, 2006. In the past year, the Commission has made significant progress toward fulfilling its charge, and this report highlights the Commission's accomplishments thus far.

The Commission recognizes that its core task is to provide community health resources with support so these organizations may undertake activities that will improve the health care delivery system for Marylanders. Toward this end, the Commission has concentrated its efforts in the areas discussed below.

Developing an Understanding of Maryland Health Issues. The Commission has actively sought input from individuals and organizations throughout the state to develop a better understanding of health care needs in Maryland and how the Commission might address those needs. The Commission's commitment to this goal is best demonstrated by the Commission's efforts to gather information from key stakeholders. The Commission regularly invites interested organizations to discuss their role in Maryland's health care safety net and to offer suggestions

[1] "Current Commissioners – Appendix A"

for grant programs. The Commission has heard presentations on a range of topics including the uninsured, health disparities, dental health, school based health centers, substance abuse, mental health, and rural health services. Secretary John Colmers, and others who addressed the Commission identified gaps in services, including care for individuals with co-occurring mental health and substance abuse disorders, dental care, and services for immigrants. As a result, the Commission included these needs in an October, 2007 Call for Proposals distributed to over 300 interested parties.

Establishing a Process for Awarding Grants. In addition to developing a better understanding of health care needs in Maryland, the Commission created a process for awarding grants to community health resources. The Commission's first Call for Proposals in October, 2006 generated a strong response. The Commission received over 60 Letters of Intent to submit applications, totaling $22 Million of need. The second Call for Proposals for operating grants in October, 2007 generated 68 Letters of Intent totaling $26 Million in need. The Commission will announce the selected awards in early, 2008.

Grant Awards Program. The first 12 grants, awarded in January, 2007 and totaling $4.6 million, enabled community health resources to create or expand services for low-income families and under- and uninsured individuals in geographically diverse areas of Maryland.[2] Projects which the Commission funded in Baltimore City, and Baltimore, Calvert, Carroll, Charles, and Frederick Counties are providing primary care for vulnerable residents.

In Baltimore City, a project expanded culturally-focused primary care to a growing Hispanic population. Commission funded programs are integrating primary care services with services for the mentally ill in Baltimore City, and Allegany and Washington Counties. While all of these projects help individuals establish a "medical home" to help reduce non-urgent care of hospital emergency departments, one project specifically links a primary care provider with a hospital emergency department in northwest Baltimore to enroll low-income and uninsured persons in primary and dental care. The Commission supported dental services for uninsured adults through

[2] "Press Release – Appendix B"

Anne Arundel County's REACH program, and a buprenorphine initiative in Baltimore City aimed at reducing substance abuse.

These 12 funded projects provide strong evidence of the Commission's success in increasing access to care for the low-income and uninsured. For example, Access Carroll in Carroll County has enrolled 440 patients since the project began in March, 2007, adding more than 35 specialists to their original referral network of 15 physicians. These specialists have provided 292 specialty consultations, referrals and procedures for patients, in addition to the primary care the patients receive through Access Carroll. Access Carroll has attracted over $691,000 in other funding and in-kind services such as laboratory and radiology to the Commission-funded project.

Health Partners, Inc. in Charles County enrolled 125 new patients in just ten weeks, and increased volunteer physician hours from 92.25 in June, 2007 to 157.25 in September, 2007. Health Partners reports: " in part due to the commission's funding of Health Partners, Inc. other organizations have expressed an interest in investing in our clinic. The Greater Waldorf Jaycees donated $40,000 for the establishment of a pediatric dental clinic. The clinic will start in late November and our advisory committee hopes to provide free dental care clinics twice a week."

Chase Brexton Community Health Center's project, which specifically focused on linking a hospital emergency department with a primary care provider, saw 194 patients in just five months on referral from the hospital emergency department. In its first 13 weeks, Anne Arundel County's REACH program provided 165 dental clinic visits for 93 patients. REACH reports: "the demand for services has been overwhelming. Nearly 250 individuals have been referred to the program so far and many more have called the REACH Program for referrals."

Baltimore Medical System, Inc. enrolled 1,509 new Hispanic or Latino patients, and provided 1,554 clinic visits for these patients including language interpretation services. The organization attracted an additional $1,255,000 from other sources to support this project.

Current grantees report enrolling over 2,600 new patients in primary care, mental health, substance abuse or dental care services. These organizations have attracted more than $2.1

Million in additional support for the Commission funded projects. The Commission will build on experience gained during the first grant cycle to inform future funding, and will address the Commission's legislative mandate to promote the creation of a unified data information system for community health resources.

Response to the Dental Services Crisis. In response to the recent focus on the lack of dental services for low-income and Medicaid-enrolled children, the Commission acted rapidly, issuing a Call for Dental Services Proposals in July, 2007. In September, 2007 the Commission announced seven awards totaling $1.5 Million to five local health departments and one Federally Qualified Health Center to expand existing dental services, and to one local health department to create new dental services for these children.[3] The Commission has included dental services in its October, 2007 Call for Proposals. The Commission collaborated with the University of Maryland Dental School, negotiating and coordinating the School's generous donation of up to 36 used dental chairs and stools for community health resources which submitted dental proposals to the Commission.

The Commission actively participated in the Department of Health and Mental Hygiene's Dental Action Committee, presenting to the Committee and to local health officers on the Commission's role in increasing access to dental services. The Commission served on the committee's Public Health Subcommittee which formulated wide-ranging recommendations for improving access to dental care.

School Based Health Centers. The commission has completed a study of School Based Health Centers (SHBCs) in Maryland. The findings indicate the need for enhanced Information Technology capability among SBHCs to streamline financial and clinical management information systems and functions, and to maximize revenue from patient care. In December, 2007 the Commission will release a Call for Proposals (CFP) specifically for SBHC projects which must have Information Technology enhancements as a focal point. The CFP will include the IT focus with the opportunity to expand existing SBHCs or create new ones in jurisdictions

[3] "Dental Committee Award Recommendations – Appendix C"

where none currently exists. The Commission expects to award up to $2 Million for these projects in the Spring, 2008.

Information Technology. The authorizing legislation directs that the Commission work with community health resources, hospital systems and others to develop a unified information and data management system. In November, 2007, the Commission selected six community health resources for Information Technology grants totaling $2.6 Million.[4] These grants will develop electronic medical records in primary care and mental health community health resources, link safety net organizations with hospital Emergency Departments and other community-based services such as laboratories and radiology providers, and create an electronic network among five Federally Qualified Health Centers and two Federally Qualified Health Center Look-Alikes across Maryland.

The Commission has begun a collaboration with three of the most technologically advanced community health resources to develop a Information Technology leadership role for these organizations under the Commission's aegis. They will identify best practices, products, and training for information and data management and exchange from across the country and adapt them for use in Maryland. They will serve as models and resources for other community-based safety net providers in developing information technology capabilities to improve safety, accuracy and efficiency in patient care, particularly for chronic disease management, dental health, and mental health and substance abuse treatment services.

Regulations: The authorizing legislation directed the Commission to develop the regulations under which the Commission will operate. The Commission submitted regulations in late September, 2006 to the legislature's Administrative, Executive and Legislative Review (AELR) Committee. The regulations were approved in November, 2006. Incorporating thoughtful comments from the community of "interested parties," the regulations reflect both the legislation and the decisions made by the Commission in developing the calls for proposals and grant selection process. Based on input from the community and as a result of House Bill 1118 (2006 General Assembly Session), the Commission included Local Health Departments and substance

[4] "Information Technology Awards – Appendix D"

abuse providers in the definition of community health resources eligible to apply to the Commission for grants. The Commission created in regulation, the opportunity for other community-based primary care services providers and those organizations which facilitate access to certain services to qualify as community health resources.[5]

The Commission received a request for "emergency" funding from a community health resource to temporarily support some services in a program for low-income senior citizens which had unexpectedly lost long-standing federal funding. The Commission reacted quickly, creating and submitting "Emergency Funding" regulations to AELR which were adopted in June, 2007. These regulations govern support to community health resources, as funds are available, for unanticipated, rare, one-time needs, which if unfunded, would significantly impact care for low-income, under- and uninsured Marylanders.[6]

Staff Recruitment. A lack of dedicated staff had been a challenge for the Commission since it began operating in spring 2006. The Maryland Department of Health and Mental Hygiene provided some staff support, and the Commission contracted for additional staff support from the Center for Health Program Development and Management at the University of Maryland, Baltimore County. While these arrangements allowed the Commission to make significant progress, it was clear that hiring a dedicated, full-time staff needed to be a priority. In December, 2006, after an extensive search, the Commission selected and appointed an Executive Director who began working with the Commission in January, 2007. The appointment awaits the Governor's approval, as required by the authorizing legislation.

The Commission has hired an Executive Associate, and is working with the Department's Office of Human Resources to recruit a Health Policy Analyst. A request to hire a Deputy Director, authorized in the Commission's budget was denied, hampering the Commission's ability to fulfill its charge to increase access to care by issuing calls for grant proposals and conducting studies on specific areas of need.

[5] "Regulations – Appendix E"
[6] "Emergency Funding Regulations – Appendix F"

The Deputy Director position, and a second Health Policy Analyst position have been proposed for elimination due to the State's current fiscal crisis. Losing these positions will impact the Commission's capacity to develop calls for proposals, to analyze community health resources' grant requests to expand access to care, and to monitor funded projects.

Next Steps. The Commission plans to conduct several mandated studies over the next year. Building on the comprehensive foundation of the Department's Dental Action Committee report concerning dental needs in children, the Commission will undertake a study of dental needs for low-income, under- and uninsured Marylanders of all ages. The Commission has funded one project linking a hospital and a primary care provider, and will evaluate this project as a possible model for a reverse referral program to assist patients in accessing primary care through a community health resource.

Several of the Commission's currently funded projects include outreach components to educate and inform individuals of the availability of community health resources. The Commission will assess these programs' success in attracting and enrolling new patients for services as a basis for replicating the strategies in other community health resources. The Commission plans to study methods and approaches for creating a specialty care network among community health resources, clinical specialists, and other health services such as laboratories and radiology providers.

The Commission has made rapid and significant progress toward fulfilling the charge of the legislation that authorized its creation. The past year has seen the Commission begin funding projects aimed at increasing access to community-based care for low-income, under- and uninsured Maryland residents; conduct a study on school based health services; participate in a study and recommendations for improving access to dental care for children; and respond rapidly to community health resources' changing needs for support.

The Commission anticipates continuing progress to expand access to care in the coming years. In addition to supporting expansion of existing community health resources, the Commission will

identify and support innovative projects to extend community-based services to low-income and uninsured Maryland residents and hard-to-reach populations across the state.