



# **Northeast Maryland Regional Meeting**

West Cecil Health Center, Inc., Conowingo, MD

**Elizabeth Vaidya, Primary Care Office (PCO) Director** 

January 7, 2020 10:30 AM - 2:30 PM



### **PCO** Grant Requirements

# **Background & Purpose**



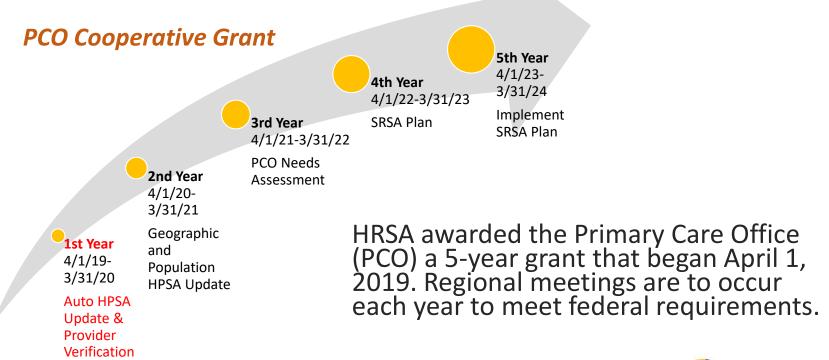
# **Regional Meetings**

The purpose for holding Annual Regional Meetings is to aide the PCO in meeting federal requirements for:

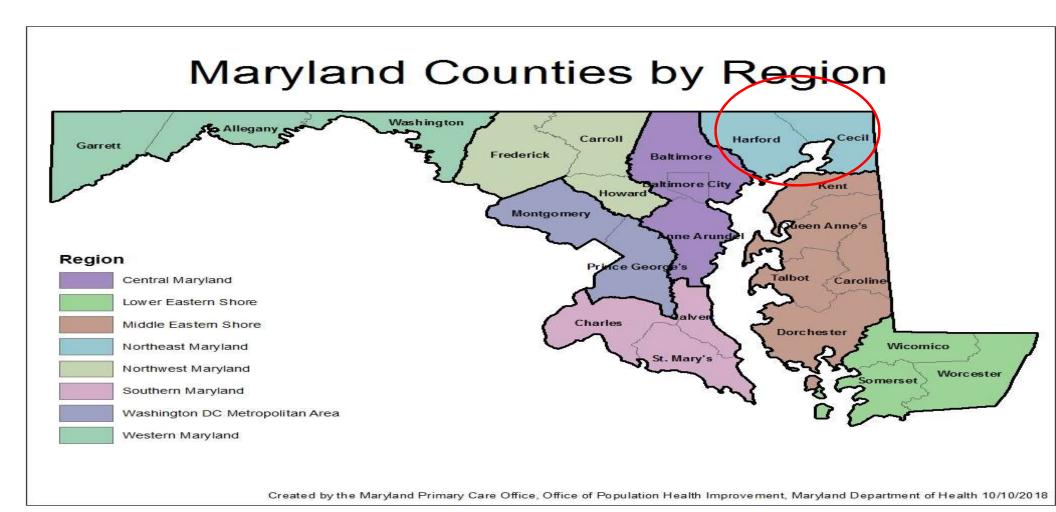
- Statewide Primary Care Needs Assessment,
- New requirements in the coordination of shortage designation,
- Determining Workforce needs, and
- To provide technical assistance to communities to support efforts to expand or improve upon access to healthcare.



# **Regional Meetings**







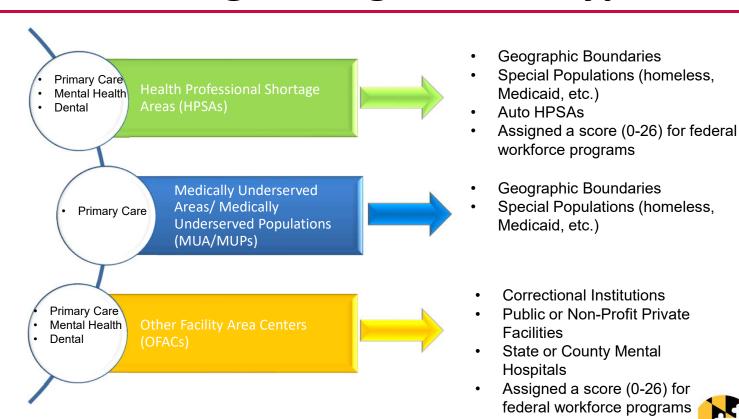


### **Provider Data**

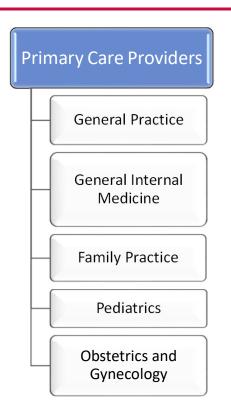
# **HPSA Update**



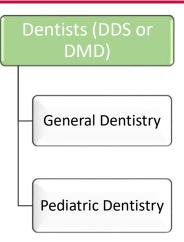
### **PCO Shortage Designation - Types**



# **Shortage Designation: Types of Providers**









### **Benefits of HPSA Designation**

- Component for Eligibility for certain HRSA Grants like:
  - Rural Health Center applications
  - Area Health Education Centers
- CMS Physician Bonus Payments
- Workforce Programs
  - National Health Service Corps' Loan Repayment and Scholarship Programs
  - Nurse Corps and Scholarship Programs
  - MHEC's Janet L Hoffman Loan Assistance Repayment Program
  - Maryland Dent Loan Assistance Program
  - Maryland state loan repayment program
  - Preceptor Tax Credit Program
  - J-1 Visa Waiver & National Interest Waiver Programs
    - Appalachian Regional Commission
    - Department of Health and Human Services (HHS)



# **Provider Verification**

Category	Cecil County	Harford County
Primary Care Physicians	72	191
Dentists	8	16
Psychiatrists	1	9
Mental Health Mid-levels	95	223

Source: HRSA's Shortage Designation Management System (SDMS) database, 1/6/20



# **Cecil County Current HPSAs**

- Geographic HPSAs due for update June 2020
  - Cecil County, 7243597412(Mental Health), Score 12
- Medicaid (Me) & Facility HPSAs due for update Summer 2020
  - None



# **Harford County Current HPSAs**

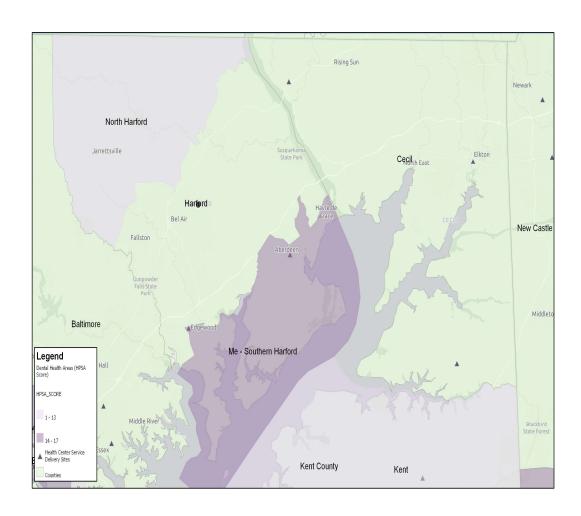
- Geographic HPSAs due for update June 2020
  - Harford County, 7241965600 (Mental Health), Score 18
  - North Harford, 6247206258 (Dental Health), Score 10
  - Edgewood Service Area, 1247612904 (Primary Care), Score 10
- Medicaid (Me) & Facility HPSAs due for update Summer 2020
  - Me-South Harford 6243376027 (Dental Health), Score 14



# Dental HPSAs and FQHCs

Map of Northeast Maryland Area

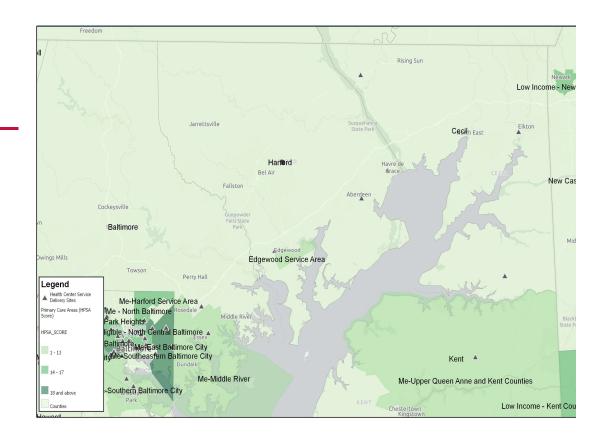
Source: HRSA Map tool, https://data.hrsa.gov/maps/map-tool/, 1/6/20





# Primary Care HPSAs & FQHCs

Map of Northeast Maryland Area



Source: HRSA Map tool,

https://data.hrsa.gov/maps/m

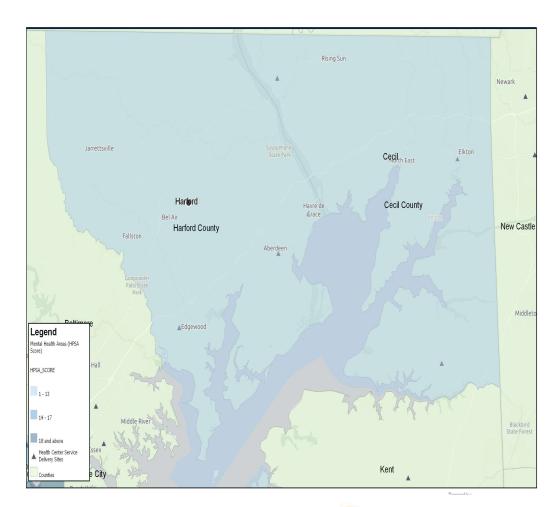
ap-tool/, 1/6/20



# Mental Health HPSAs & FQHCs

Map of Northeast Maryland Area

Source: HRSA Map tool, https://data.hrsa.gov/maps/map-tool/, 1/6/20







# Questions

*Time to Hear Your Thoughts* 



# **Response Sheet - #1**

<b>YOUR NAME</b>
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**CONTACT INFO** 

**DEPARTMENT OF HEALTH** 

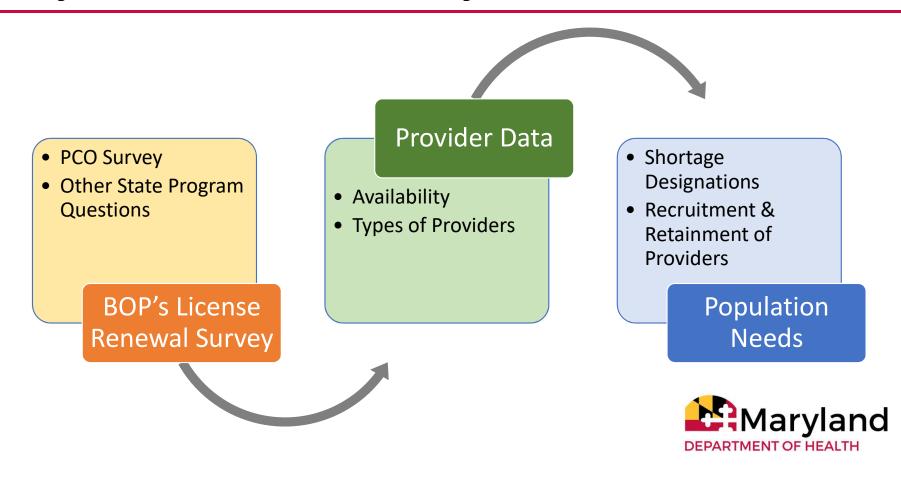
Cecil	Harford	#1 Activities for Provider Vetting/Verification:
		Please select an activity you can assist with. Check all that apply
		Would like to assist with vetting the list of primary care providers
		Would like to assist with vetting the list of dental providers
		Would like to assist with the vetting the list of psychiatrists
		Would like to assist with the vetting of mid-level behavioral providers (Licensed clinical social workers (LCSW), psychologists, counselors, psychiatric nurse specialists only)
		Want to be notified of Shortage designation updates for this area
		Other:
		Not able to assist
		<b>Marylanc</b>

# Collection of Data

# **Provider Survey**



# Why is a Provider Survey Needed?



### **Provider Data Needed & Sources**

#### Data Needed:

- Provider Name
- Provider Type
- Number of hours rendering service
- Site location(s)
- Accept Medicaid, Medicare, Federal Sliding Fee Scale (SFS)
- Medicaid Claims
- Waiting time for an appt for established and first time patients
- Accepts new patients
- Provider's % of Patients with Medicaid and SFS

#### Maryland Board of Physicians Provides:

- Everything except waiting time for patients and % of Medicaid and SFS patients
- Maryland Medicaid Provides:
  - Primary Care and Mental Health Medicaid Claims
  - Number of residents eligible for Maryland Medicaid per county.



### **Lack of Provider Data Concerns**

- 1. Fewer Shortage Designations will be made without a valid provider source.
- 2. Valid Dentist data is not available.
- 3. Not able to do low income population or insufficient capacity designations.
- 4. Only limited physician data is accessible to determine state defined needs.



### **Disclosure and Informed Consent Statement**

- Outlines the purpose and procedure of the survey, as well as potential risks and benefits
- After reading the provided information, the participant must select the option to either "agree" or "not agree" to participate in the survey

Acknowledgement of receipt of the Disclosure and Informed Consent Statement and decision about participating in the survey: The "I agree to participate in this survey" button indicates that you have read the Disclosure and Informed Consent Statement, voluntarily agree to participate, and are at least 18 years of age. Once you select an answer, please click "Next" to begin the survey on page 2. \*

- I agree to participate in this survey
- I do not agree to participate in this survey

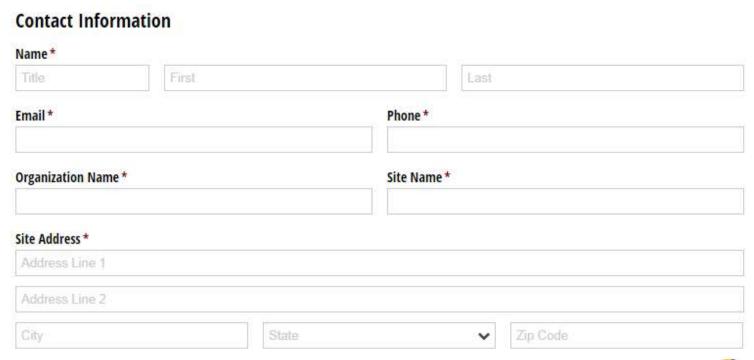


# **Survey Overview**

- The survey is broken down into the following sections:
  - Contact Information
  - Services Provided
  - Patients
  - Payer Breakdown
  - Protocols and Partnerships
  - Areas of Need
  - Provider Information



### **Contact Information**





# Services provided

Site Information

What types of services does this site	□ GYN	Pediatrics
☐ Internal/General Medicine	Geriatrics	Dental Care
Mental Health	Substance Abuse	Vision
Other	_ outstance / touse	_ 1301
What types of services does this site l	nave an established agreement, outside	or within your organization, for referrals?*
<ul><li>Laboratory</li></ul>	☐ Radio	ology
Diagnostic Testing	Pharm	nacy
Specialty Care	□ OB/GYN	
☐ GYN	Pediatrics	
Internal/General Medicine	☐ Geria	trics
Dental Care	■ Menta	al Health
Substance Abuse	☐ Vision	1
Other		
For other, more than one service can be	listed.	
Does this site provide Screening, Brie	Intervention, Referral to Treatment (Si	BIRT)?*
Screening		
Brief Intervention		
Referral to Treatment		
Treatment		



# **Patients\***

In calendar year 2018, what is the total number of patients currently being seen at this site?*	
Average number of days for a new patient to schedule an appointment: *	
Average number of days for an established patient to schedule an appointment: *	



# **Payer Breakdown**

#### Payer Breakdown

	Percentage of Medicaid patients: *	Percentage of patients utilizing a Federal Sliding Fee Scale: *	Percentage of patients using private insurance: *
)			





# **Protocols and Partnerships**

Do you have established protocols for: *	If yes, please describe or upload file below: *
☐ Diabetes type 2	
Hypertension management	
Both	
None of the above	
Do you partner with hospitals, local health departments or local health improvement coalitions in the community?	If yes, what does that partnership entail and what services are provided?
○ Yes ○ No	
Do you engage in community outreach?	If yes, please describe, including what services are provided:
○ Yes ○ No	



Provider Type #3\*

# **Areas of Need**

riease list the top 5 provider types needed by this community.				
Provider Type #1*				
Provider Type #2*				



# **Provider Information**

#### **Provider Information**

Please complete for each provider currently practicing at this site.

	Provider Name *	Specialty *	Maryland License Number *	NPI Number *	Hours per week involved in direct care at this site: *
8					







# Questions

*Time to Hear Your Thoughts* 



# **Response Sheet - #2**

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	$\mathbf{v}$			445

CONTACT INFO

Cecil	Harford	Activities for Provider Survey:
		Please select an activity you can assist with. Check all that apply
		Interested in joining a sub-committee to work on this project
		Interested in administering a survey to primary care providers
		Interested in administering a survey to dental providers
		Interested in administering a survey to psychiatrists
		Interested in administering a survey to mid-level behavioral providers (Licensed
		clinical social workers (LCSW), psychologists, counselors, psychiatric nurse
		specialists only)
		Other:
		Not able to assist



### 30 Minute Break

# Lunch



### **Community Grouping**

# Statewide Rational Service Area (SRSA) Plan



# Rational Service Area (RSA)

- Whole county, or an area whose population has similar socioeconomic characteristics, or an area that has physical access barriers which result in the population being isolated from nearby resources, or an established neighborhood within a metropolitan area which displays a strong self-identity.
- A RSA is the area in which the PCO recommends to HRSA for shortage designations
  - HPSAs
  - MUA/MUPs



# **HRSA Requirement**

- HRSA has required each PCO to establish Rational Service Area Plans covering their entire state/territory by year 4 (2023) of their grant period.
- Each PCO has submitted a work plan that outlines how this will be accomplished -- which includes specific annual benchmarks which can be measured to evaluate progress.



## Benchmark - Year 1 (4/1/19 - 3/31/20)

	Year 1 Regional Meetings: Purpose is to aide in the engagement of stakeholders (hospitals, FQHCs, PCA, LHDs, and other community organizations), establish a SRSA Plan, introduction of provider surveys, and discussion of the next PCO Needs Assessment.	
	<ul> <li>Collection of data for maps and charts: Geographical data from Maryland Department of Planning, US Census facts, HPSA designation, neighborhoods by census tract (CT), poverty, and racial demographics per CT.</li> </ul>	
Sept - Oct	· Review of HRSA's requirement for a Statewide Rational Service Area Plan - What is it & Impact to Communities - 5 year plan	
	· PCO will present a review of jurisdictions via maps and charts which will include:	
1	Review of Current HPSAs (Primary Care, Mental Health, and Dental Health designations)	
	Review of Neighborhoods, Poverty, & Racial Demographics per County	
	Get stakeholder feedback regarding how to group communities for targets, goals and priorities per each jurisdiction	
Nov - Dec	3. PCO will summarize notes from Year 1 Regional Meetings and share with stakeholders regarding their feedback and next steps.	
Jan - March	4. Technical Assistance (TA) from Two PCOs Who Have Established SRSAs to assist with the development of Maryland's Plan. Visit to California and Colorado PCOs.	



# Benchmark - Year 2 (4/1/20 - 3/31/21)

April - Aug	1. Update Jurisdictional Neighborhood Maps per feedback from stakeholders during Year 1 & TA from CA and CO for preparation for Year 2 Regional Meetings. Draft to include targets, goals and priorities for each jurisdiction.
Sept - Oct	2. Year 2 Regional Meetings: Purpose is to aide in the engagement of stakeholders (hospitals, FQHCs, PCA, LHDs, and other community organizations), establish a SRSA Plan, introduction of provider surveys, and discussion of the next PCO Needs Assessment.
	· Review of 1st Draft SRSA Maps (Need New Census Data)
Nov - Dec	3. PCO will summarize notes from Year 2 Regional Meetings and share with stakeholders regarding
	their feedback and next steps.



## Benchmark - Year 3 (4/1/21 - 3/31/22)

	1. Update Jurisdictional Neighborhood Maps per feedback from stakeholders Year 2 and New		
April - Aug	Census Data if available to include targets, goals and priorities for each jurisdiction.		
	2. Year 3 Regional Meetings: Purpose is to aide in the engagement of stakeholders (hospitals, FQHCs, PCA, LHDs, and other community organizations), establish a SRSA Plan, introduction of provider surveys, and discussion of the next PCO Needs Assessment.		
	· Review of 3rd Draft SRSA Maps (Need New Census Data)		
Nov - Dec	3. PCO will summarize notes from Year 3 Regional Meetings and with stakeholders regarding their		
INOV DCC	feedback and next steps.		

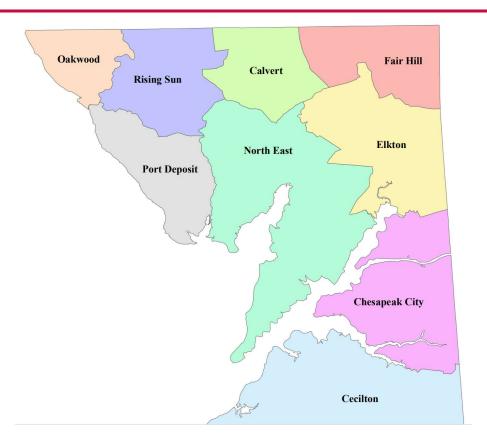


# Benchmark - Year 4 (4/1/22 - 3/31/23)

April - Aug	1. Update Jurisdictional Neighborhood Maps per feedback from stakeholders Year 3 and New Census Data if available to include targets, goals and priorities for each jurisdiction.	
Sept - Oct	2. Year 4 Regional Meetings: Purpose is to aide in the engagement of stakeholders (hospitals, FQHCs, PCA, LHDs, and other community organizations), establish a SRSA Plan, introduction of provider surveys, and discussion of the next PCO Needs Assessment.  • Review of 4th Draft SRSA Maps (Need New Census Data)	
Nov - Dec	3. PCO will summarize notes from Year 4 Regional Meetings and share with stakeholders regarding their feedback and next steps.	
Jan-March	4. Submission of SRSAs to the Maryland Department of Health for Final Approval for Submission to HRSA	



## **Cecil County Neighborhoods**

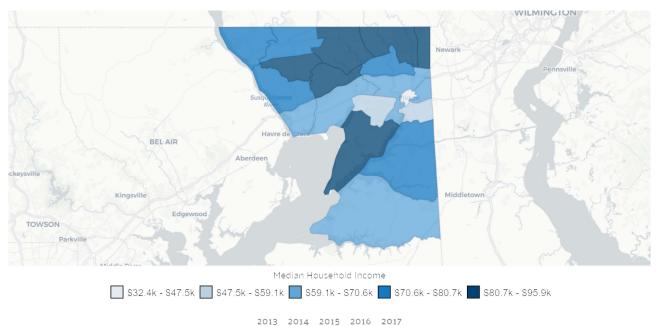


Source: PCO Maps of Neighborhoods, 2012



#### Statewide Rational Service Area (SRSA) Plan

#### **Cecil County by Median Household Income**

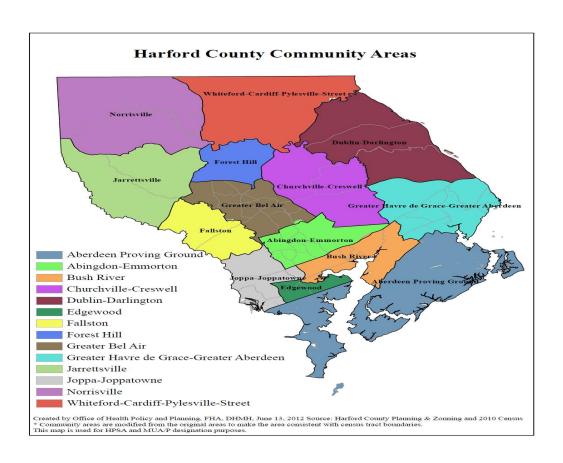


Data Source:

https://datausa.io/profile/g eo/harford-county-md, 1/8/20 (ACS 5-year **Estimate** 



## **Harford County by Neighborhoods**

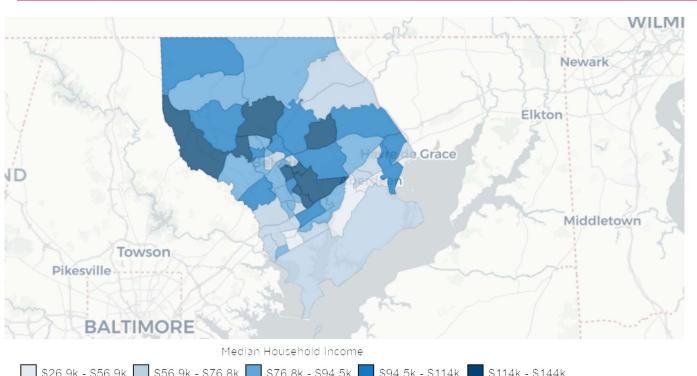


Source: PCO Maps of Neighborhoods, 2012



#### Statewide Rational Service Area (SRSA) Plan

#### **Harford County by Median Household Income**



Data Source:

https://datausa.io/profile/g eo/harford-county-md, 1/8/20 (ACS 5-year **Estimate** 

\$26.9k - \$56.9k \$56.9k - \$76.8k \$76.8k - \$94.5k \$94.5k - \$114k \$114k - \$144k

2013 2014 2015 2016 2017



# **Response Sheet - #3**

YOUR NAME	
CONTACT INFO	

Cecil	Harford	Activities for SRSA Plan:
		Please select an activity you can assist with. Check all that apply
		Interested in joining a sub-committee to work on this project
		Would like to provide data to the PCO
		Would like to provide feedback to the PCO regarding grouping
		Other:
		Not able to assist





#### Questions

*Time to Hear Your Thoughts* 



## Template Review

## **PCO Needs Assessment**



### **Goal & Purpose**

- The goal of the PCO Needs Assessment is to identify areas for priority to promote access to care, especially for the underserved, while executing the goals funded by HRSA through the PCO's grant.
- The Needs Assessment identifies priority areas needing state and federal resources to improve health. Maryland will target resources to the priority areas via enhanced technical assistance, workforce programs and other state and federal resources as available through partnerships and collaboration.



### **County Ranking**

County assessment is based on the integration of two health data tracking methods; the federal Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (PQIs) and the State Health Improvement Process (SHIP).



## **Prevention Quality Indicators (PQIs)**

In 2015, 14 indicators were identified as causes of potentially preventable hospitalizations in Maryland. These conditions accounted for about 60% of all preventable hospitalizations. Improved access to healthcare will help reduce the number of preventable hospitalizations and reduce associated costs.



## **Listing of PQIs**

Diabetes with Short-term Complications 2014	Angina without Procedure 2014
Diabetes with Long-term Complications 2014	Uncontrolled Diabetes without Complications 2014
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults 2014	Asthma in Younger Adults 2014
Hypertension 2014	Lower Extremity Amputations among Admissions for Diabetes 2014
Heart Failure 2014	AHRQ Overall Prevention Quality Indicator (PQI) Composite 2014
Dehydration 2014	AHRQ Acute Prevention Quality Indicator (PQI) Composite 2014
Bacterial Pneumonia 2014	AHRQ Chronic Prevention Quality Indicator (PQI) Composite 2014
Urinary Tract Infection 2014	



## State Health Improvement Process (SHIP)

SHIP provides a framework for continual progress toward a healthier Maryland. The SHIP includes 38 measures grouped by five focus areas that represent clinical and non-clinical determinants for health. The five focus areas are: Healthy Beginnings, Healthy Living, Healthy Communities, Access to Health Care, and Quality Preventive Care. Each measure has a data source and a target which can be assessed at the county level.



#### PCO Needs Assessment

# **Listing of SHIP Measurements**

Infant Death Rate 2010, 2011, 2012, 2013	Life Expectancy 2008-2010, 2009-2011, 2010-2012, 2011-2013
Babies with Low Birth Rate 2010, 2011, 2012, 2013	Increase Physical Activity 2011, 2012, 2013
Sudden Unexpected Infant Death Rate (SUIDs) 2005-2009, 2006-2010, 2007-2012, 2009-2013	Child Maltreatment Rate 2011, 2012, 2013
Teen Birth Rate 2010, 2011, 2012, 2013	Suicide Rate 2007-2009, 2008-2010, 2009-2011, 2010-2012, 2011- 2013
Early Prenatal Care 2010, 2011, 2012, 2013	Domestic Violence 2010, 2011, 2012, 2013
Students Entering Kindergarten Ready to Learn 2010, 2011, 2012, 2013	Children with Elevated Blood Lead Levels 2009, 2010, 2011, 2012, 2013
High School Graduation Rate 2009-2010, 2010-2011, 2011-2012, 2012-2013, 2013-2014	Fall-Related Death Rate 2007-2009, 2008-2010, 2009-2011, 2010-2012, 2011-2013
Children Receiving Blood Lead Screening 2010, 2011, 2012, 2013	Pedestrian Injury Rate on Public Roads 2009, 2010, 2011, 2012, 2013, 2014
Adults who are a Healthy Weight 2011, 2012, 2013	Affordable Housing 2009, 2010, 2011, 2012, 2013, 2014
Children and Adolescents who are Obese 2010, 2013	Adolescents who Received a Wellness Checkup in the Last Year 2010, 2011, 2012, 2013
Adults who Currently Smoke 2011, 2012, 2013	Children Receiving Dental Care in the Last Year
Adolescents who Currently Use Tobacco Products 2010, 2013	Persons with a Usual Primary Care Provider 2011, 2012, 2013
HIV Incidence Rate 2009, 2010, 2011, 2012, 2013	Uninsured ED Visits 2009, 2010, 2011, 2012, 2013, 2014
Chlamydia Infection Rate 2009, 2010, 2011, 2012, 2013, 2014	



## **Findings**

The 2016 PCO Needs Assessment identified the jurisdictions in Maryland that have the greatest need in regards to the PQI and SHIP 54 measures.

Worst Quartile Ranking	Best Quartile Ranking
Baltimore City	Carroll County
Allegany County	Frederick County
Dorchester County	Harford County
Kent County	Howard County
Washington County	Montgomery County
Wicomico County	Queen Anne's County



## **Quartile Ranking by County Statewide**

Jurisdictions	Indicate	or Score
Montgomery	293	51 5001C
Howard	339	
Queen Anne's	366	()
Carroll	403	Top Quartile (Best)
Frederick	405	
Harford	469	
Calvert	527	
Garrett	532	
Anne Arundel	554	Second Quartile
Worcester	596	Second Quartile
Talbot	598	
Cecil	633	
Prince George's	640	
Saint Mary's	647	
Caroline	651	
Charles	689	Third Quartile
Somerset	690	
Baltimore County	699	
Kent	716	
Washington	724	
Allegany	767	Bottom Quartile
Wicomico	811	(Worst)
Dorchester	864	
Baltimore City	1,011	



#### **Other Data Included**

- Shortage Designation Listing
- FQHC Listing
- Workforce Program Awards by Discipline and Jurisdiction
- Provider to Population Ratios for primary care, mental health, and dental.
- Medicaid Provider to Medicaid Population Ratios for primary care, mental health, and dental.
- Map Indicating Safety-Net Sites (FQHCs, LHD sites, and hospitals) per County

#### **New Ideas**

- FQHC Assessment
  - Types of services provided
  - Breakdown of population served
- Economic Impact of Workforce Programs
- Economic Impact for Shortage Designations
- Developing a State Methodology for Determining Health Care Access





#### Questions

*Time to Hear Your Thoughts* 



## **Response Sheet - #4**

YOUR NAME	
CONTACT INFO	

Cecil	Harford	Needs Assessment:
		Please select an activity you can assist with. Check all that apply
		Connect a monetary value to provider/services
		List out providers by need and specialty per county, and correlate it with poverty, chronic disease, and ethnicity to show need
		List out workforce program providers: site name, address, specialty
		Other:
		Not able to assist



Wrap Up

#### **Next Steps**

- Summarize Meeting
- Develop Format to Distribute & Share Data
- Sub Workgroups
- Quarterly Meetings
- Annual Regional Meeting



#### Thank You!

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