



Washington, DC Metropolitan Maryland Regional Meeting

Holy Cross Health Conference Center, Silver Spring, MD

Elizabeth Vaidya, Primary Care Office (PCO) Director

January 6, 2020 10:30 AM - 2:30 PM



Washington, DC Metropolitan Maryland Regional Meeting

Agenda

- PCO Grant Requirements Background & Purpose
- HPSA Update
- Provider Survey Collection of Data
- LUNCH (30 minute break)
- Community Grouping SRSA Plan
- Template Review PCO Needs Assessment
- Wrap Up



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.

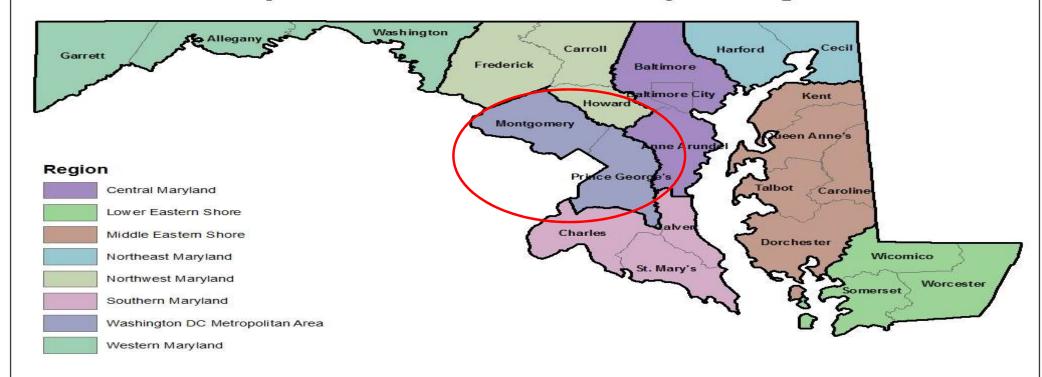


Regional Meetings





Maryland Counties by Region



Created by the Maryland Primary Care Office, Office of Population Health Improvement, Maryland Department of Health 10/10/2018



Provider Data

HPSA Update

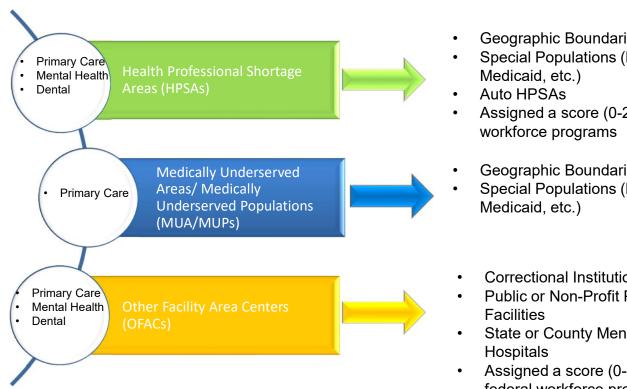


Benefits of HPSA Designation

- 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)



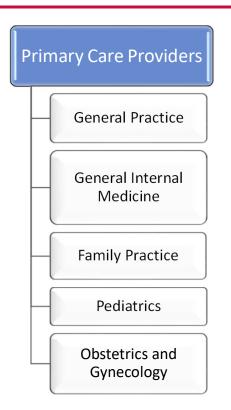
PCO Shortage Designation - Types



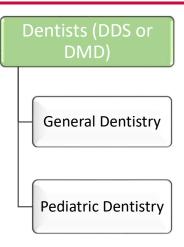
- Geographic Boundaries
- Special Populations (homeless,
- Assigned a score (0-26) for federal
- Geographic Boundaries
- Special Populations (homeless,
- Correctional Institutions
- Public or Non-Profit Private
- State or County Mental
- Assigned a score (0-26) for federal workforce programs



Shortage Designation: Types of Providers









Provider Verification

What is needed ...

| Category | Prince George's County | Montgomery County |
|--------------------------|------------------------|-------------------|
| Primary Care Physicians | 771 | 1,892 |
| Dentists | 542 | 1,111 |
| Psychiatrists | 38 | 355 |
| Mental Health Mid-levels | 695 | 2,190 |

Data Source: HRSA's Shortage Designation Management System (SDMS) database, 1/5/20



Prince George's County Current HPSAs

- Geographic HPSAs due for update June 2020
 - Brandywine, 1245301561 (Primary Care), Score 12
 - Landover/Suitland/Capitol Heights, 1248495012 (Primary Care), Score 6
 - Brandywine Service Area, 6247559047 (Dental), Score 10
- Medicaid (Me) & Facility HPSAs due for update Summer 2020
 - Me-Greenbelt/Langley/College Park, 1246974974 (Primary Care), Score 13
 - Me-Upper Prince George County, 7244297302 (Mental Health), Score 12



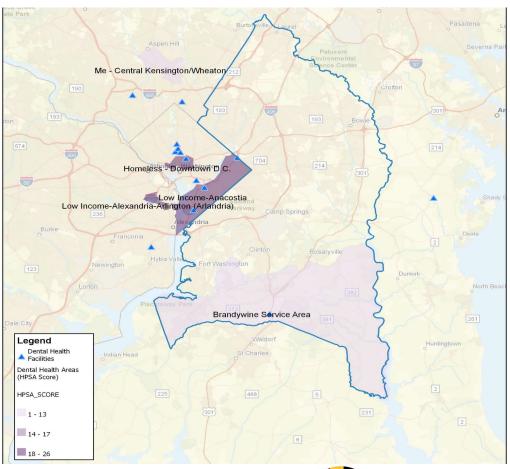
Montgomery County Current HPSAs

- Geographic HPSAs due for update June 2020
 - None
- Medicaid (Me) & Facility HPSAs due for update Summer 2020
 - Me-Central Kensington Wheaton, 1246599094 (Primary Care), Score 9
 - Me Central Kensington/Wheaton, 6241098916 (Dental Health), Score 12
 - Me Central Kensington/Wheaton, 7241430186 (Mental Health), Score 15



Dental HPSAs and FQHCs

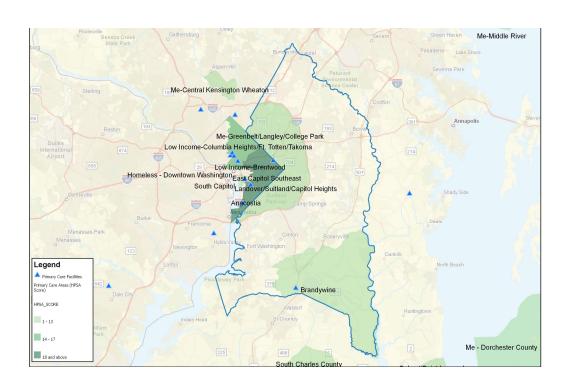
Map of Washington, DC Metropolitan Maryland Area





Primary Care HPSAs & FQHCs

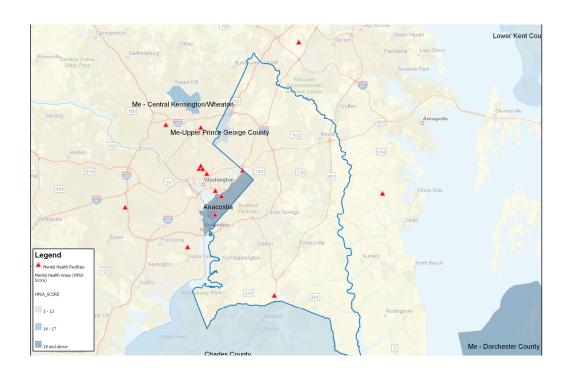
Map of Washington, DC Metropolitan Maryland Area





Mental Health HPSAs & FQHCs

Map of Washington, DC Metropolitan Maryland Area







Questions

Time to Hear Your Thoughts



Response Sheet - #1

| YOU | R | N | ΔΝ | 1F |
|-----|-----|------|----|----|
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CONTACT INFO

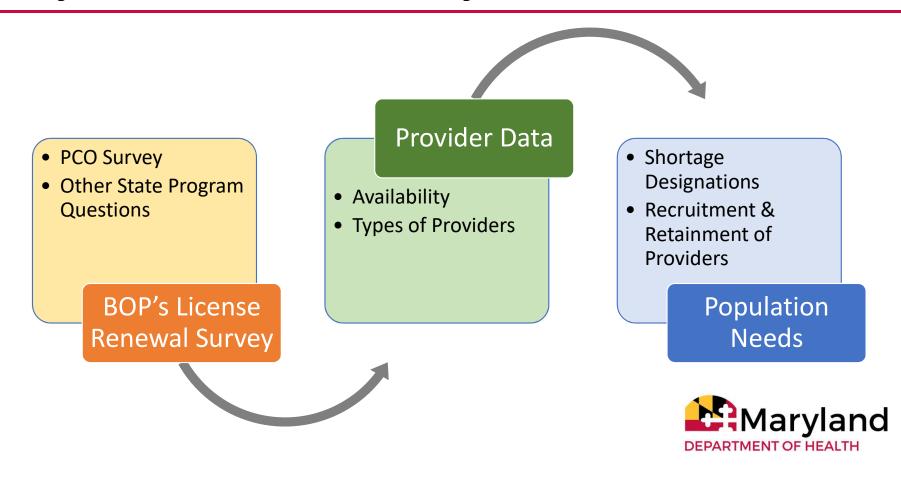
| Prince | | #1 Activities for Provider Vetting/Verification: |
|----------|------------|--|
| George's | Montgomery | Please select an activity you can assist with. Check all that apply |
| | | Would like to assist with vetting the list of primary care providers |
| | | Would like to assist with vetting 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 |
| | | DEPARTMENT OF HEALTH |

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

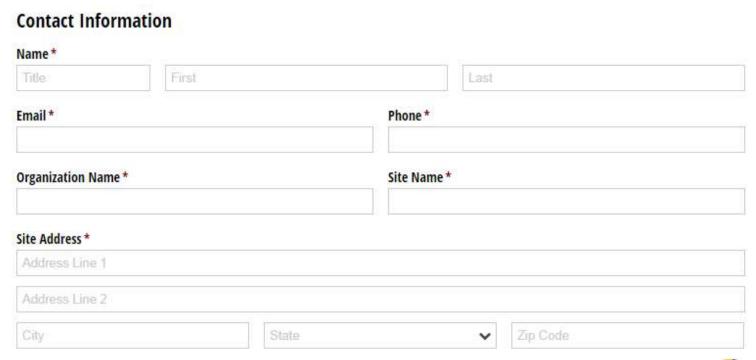


Survey Overview

- 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 | provide directly?* | |
|---|---|--|
| OB/GYN | ☐ GYN | Pediatrics |
| Internal/General Medicine | ☐ Geriatrics | Dental Care |
| Mental Health | Substance Abuse | |
| Other | | |
| What types of services does this site | have an established agreement, outside | or within your organization, for referrals?* |
| Laboratory | □ Radio | logy |
| Diagnostic Testing | Pharm | nacy |
| Specialty Care | □ OB/G | YN |
| ☐ GYN | ☐ Pedia | trics |
| Internal/General Medicine | ☐ Geria | trics |
| Dental Care | ■ Menta | al Health |
| Substance Abuse | ☐ Vision | 1 |
| Other | | |
| For other, more than one service can be | e listed. | |
| Does this site provide Screening, Brie | f Intervention, Referral to Treatment (SE | 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 | |
| | |
| | |
| | , |



Areas of Need

Please list the ton 3 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

| YOUR NAME |
|------------------|
|------------------|

CONTACT INFO

| Prince | | Activities for Provider Survey: |
|----------|------------|--|
| George's | Montgomery | 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. | |
|-------------|--|--|
| | · 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. | |
| 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: | |
| | 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. |
|-------------|---|
| | 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 | | |
| | feedback and next steps. | | |

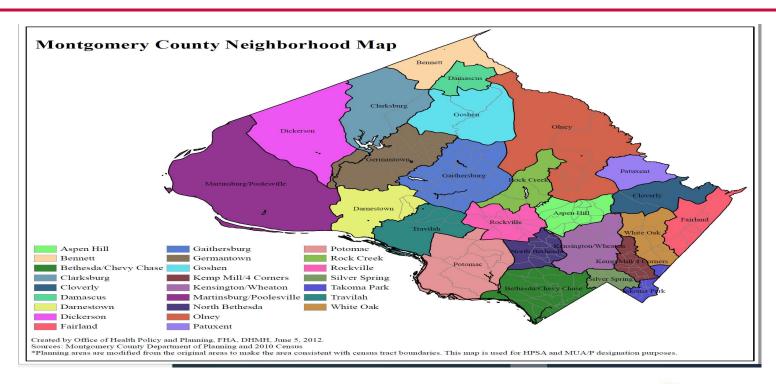


Benchmark - Year 4 (4/1/22 - 3/31/23)

| 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 | | |

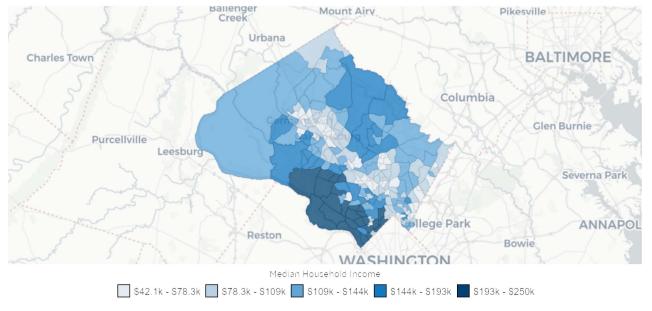


Montgomery County: Neighborhoods





Montgomery County: Medium Household Income



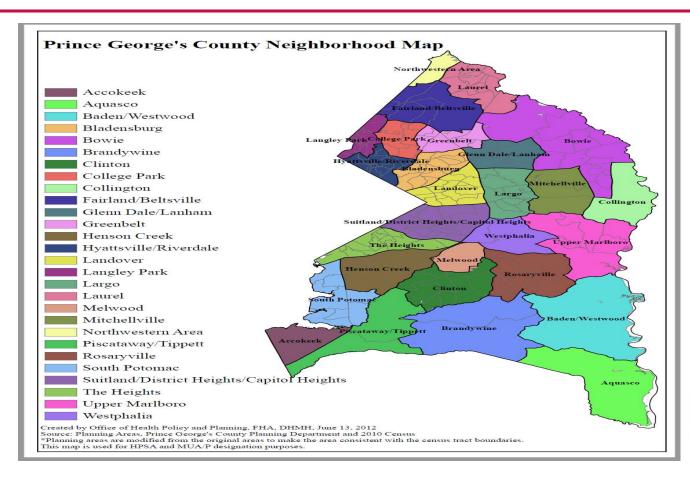
Data Source: https://datausa.io/profile/g

eo/harford-county-md, 1/6/20 (ACS 5-year Estimate

2013 2014 2015 2016 2017

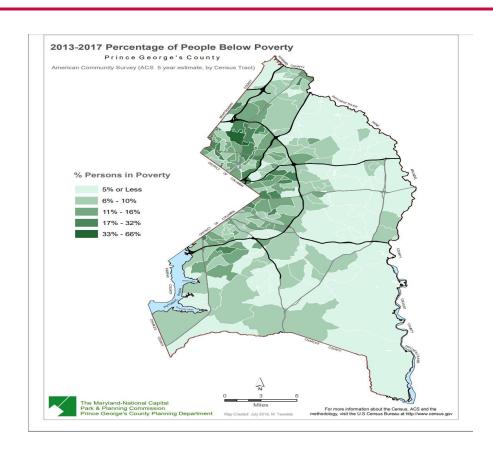


Prince George's County Neighborhoods





Prince George's County: Percentage of People Below Poverty





Response Sheet - #3

| YOUR NAME | |
|--------------|--|
| CONTACT INFO | |

| Prince | | Activities for SRSA Plan: |
|----------|------------|---|
| George's | Montgomery | 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 | |

| Prince | | Needs Assessment: |
|----------|------------|---|
| George's | Montgomery | 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!

Elizabeth Vaidya, PCO Director (410) 767-5695 office

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- HPSA Update
- Provider Survey Collection of Data
- LUNCH (30 minute break)
- Community Grouping SRSA Plan
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