

Rural Health Collaborative Meeting Minutes

June 16, 2020

Time: 5:00pm to 6:30pm

Location: Virtual Meeting

The following Rural Health Collaborative (RHC) members were in attendance:

Christina Bartz, PA-C, MMS	Maura Manley, MBA
Mary Bourbon	Maynard Nash
Childlene Brooks	Sara Rich, MPA
Joseph Ciotola, MD	Teresa Schaefer, PhD
Michael Clark, MS	Timothy Shanahan, DO
Jennifer Dyott, DNP, CRNP, FNP C	Anna Sierra, MS, EMT
Santo Grande, EdD	Lorelly Solano, PhD
Roger Harrell, MHA	Mary Ann Thompson, RN
Margaret Ellen Kalmanowicz, RSBO	Sara Visintainer
Matthew King, MD	Fredia Wadley, MD
Ken Kozel, MBA, FACHE	William Webb, MS
Maria Maguire, MD, MPP, FAAP	

Also in attendance: Sara Seitz, MPH, Director, State Office of Rural Health, Maryland Department of Health (MDH); Lindsey Snyder, Esq., Assistant Attorney General, MDH; Ron Bialek, MPP, Executive Director, RHC, and President, Public Health Foundation (PHF); Kathleen Amos, MLIS, Assistant Director, Academic/Practice Linkages, PHF; Anastasia Brennan, RN, CPN, Intern, PHF; Kelley Ray, Manager of Community Development and Outreach – Medicare, University of Maryland Medical System Health Plans; Amy Travers, Senior Practice Manager, Anne Arundel Medical Center

Welcome, Introductions, and Review of Agenda

Joseph Ciotola, MD, Queen Anne's County Health Officer

Meeting was called to order at 5:02pm by RHC President Joseph Ciotola, MD. Dr. Ciotola welcomed everyone to the meeting and invited Christina Bartz, PA-C, MMS, a new RHC member attending her first meeting, to introduce herself.

Review and Approval of March 2, 2020 Meeting Minutes

Joseph Ciotola, MD, Queen Anne's County Health Officer

Dr. Ciotola requested any comments on the draft minutes for the March 2, 2020 meeting. No additions or corrections were provided. The RHC unanimously approved the minutes.

Results of Survey and Reaching Consensus on Criteria for the Community and Rural Health Complex

Ron Bialek, MPP, RHC Executive Director

RHC Executive Director Ron Bialek, MPP, reviewed the plan for RHC work for the remainder of the year, plan for upcoming meetings, and discussion at the May 2020 RHC Executive Committee meeting. Mr.

Bialek reviewed areas where the RHC had already come to agreement and shared the results of a survey to help determine criteria for establishing a rural health complex, including criteria a community must meet to establish a rural health complex and criteria for the rural health complex. Presentation slides are attached.

RHC member discussion focused on elements from the draft list of criteria for which there was not consensus on including in the criteria: the ideas of the rural health complex having a processes for keeping stakeholders informed, providing access to medications, having approaches to address transportation needs, having a sustainability plan, and having a community body to guide the complex. Discussion also emphasized the need for flexibility in how a rural health complex might meet the criteria and for rural health complexes to address social justice, health disparities, and inequities in communities.

Next Steps

Joseph Ciotola, MD, Queen Anne’s County Health Officer, and Ron Bialek, MPP, RHC Executive Director

Dr. Ciotola and Mr. Bialek wrapped up the meeting. PHF will refine the draft criteria for establishing a rural health complex based on this discussion and will schedule future RHC meetings. Meeting was adjourned at 6:32pm.



Criteria for the Community and Rural Health Complex: Survey Results

Rural Health Collaborative Meeting

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Criteria a Community Must Meet to Establish a Rural Health Complex

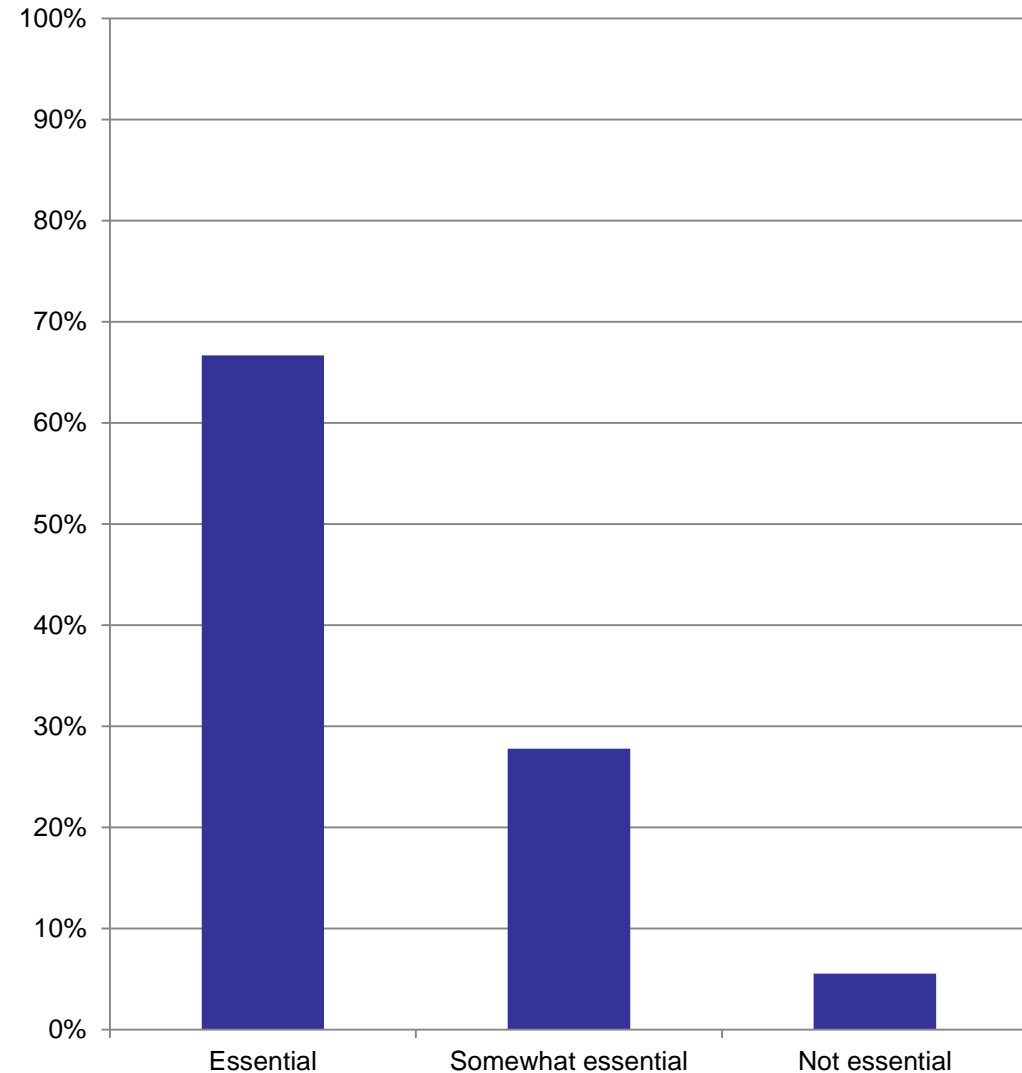
	Essential	Somewhat Essential	Not Essential
Demonstrated rural jurisdiction	78% [14]	17% [3]	6% [1]
Demonstrated need via needs assessment	78% [14]	17% [3]	6% [1]
Demonstrated ability/actions to coordinate clinical and social services	89% [16]	11% [2]	0% [0]
Demonstrated commitment to provide coordinated services	78% [14]	22% [4]	0% [0]
Demonstrated process for informing stakeholders	67% [12]	28% [5]	6% [1]
Articulated vision for rural health complex	78% [14]	17% [3]	6% [1]

Number of responses = 18

Demonstrated Process for Informing Stakeholders

Demonstrated process for keeping stakeholders informed

- Examples of potential stakeholders:
 - County council/board of health
 - Social services advisory board
 - Core service agency
 - Local Management Board
 - Town officials
 - Community



Criteria for a Rural Health Complex

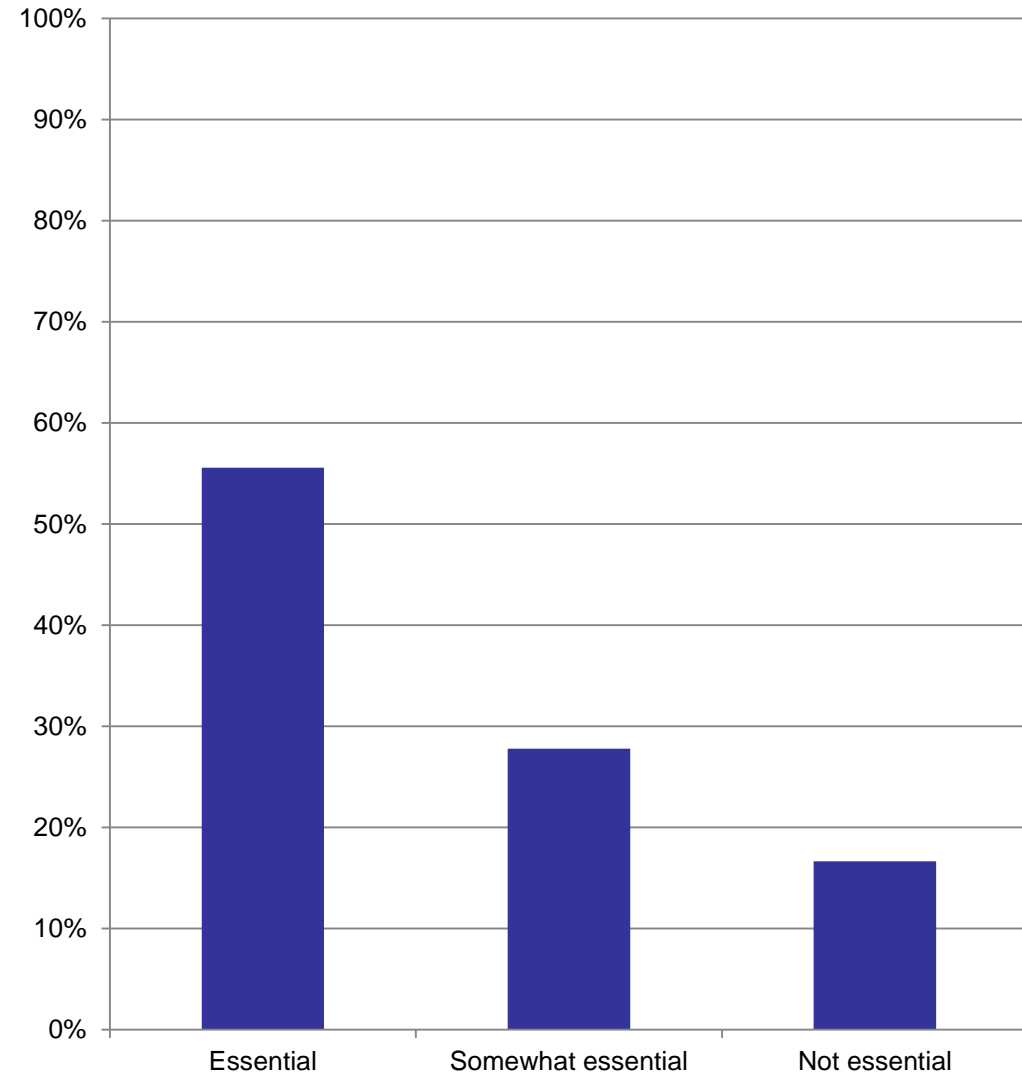
	Essential	Somewhat Essential	Not Essential
Coordination of care	94% [17]	6% [1]	0% [0]
Access to health services	100% [18]	0% [0]	0% [0]
Access to medications	56% [10]	28% [5]	17% [3]
Access to human and social services	89% [16]	11% [2]	0% [0]
Approaches for transportation	56% [10]	39% [7]	6% [1]
Information sharing	83% [15]	17% [3]	0% [0]
Sustainability plan	72% [13]	22% [4]	6% [1]
Community body to guide complex	44% [8]	39% [7]	11% [2]
Outcomes to be achieved based on needs assessment	72% [13]	22% [4]	0% [0]

Number of responses = 18

Access to Medications

Access to medications
(prescription and non-
prescription)

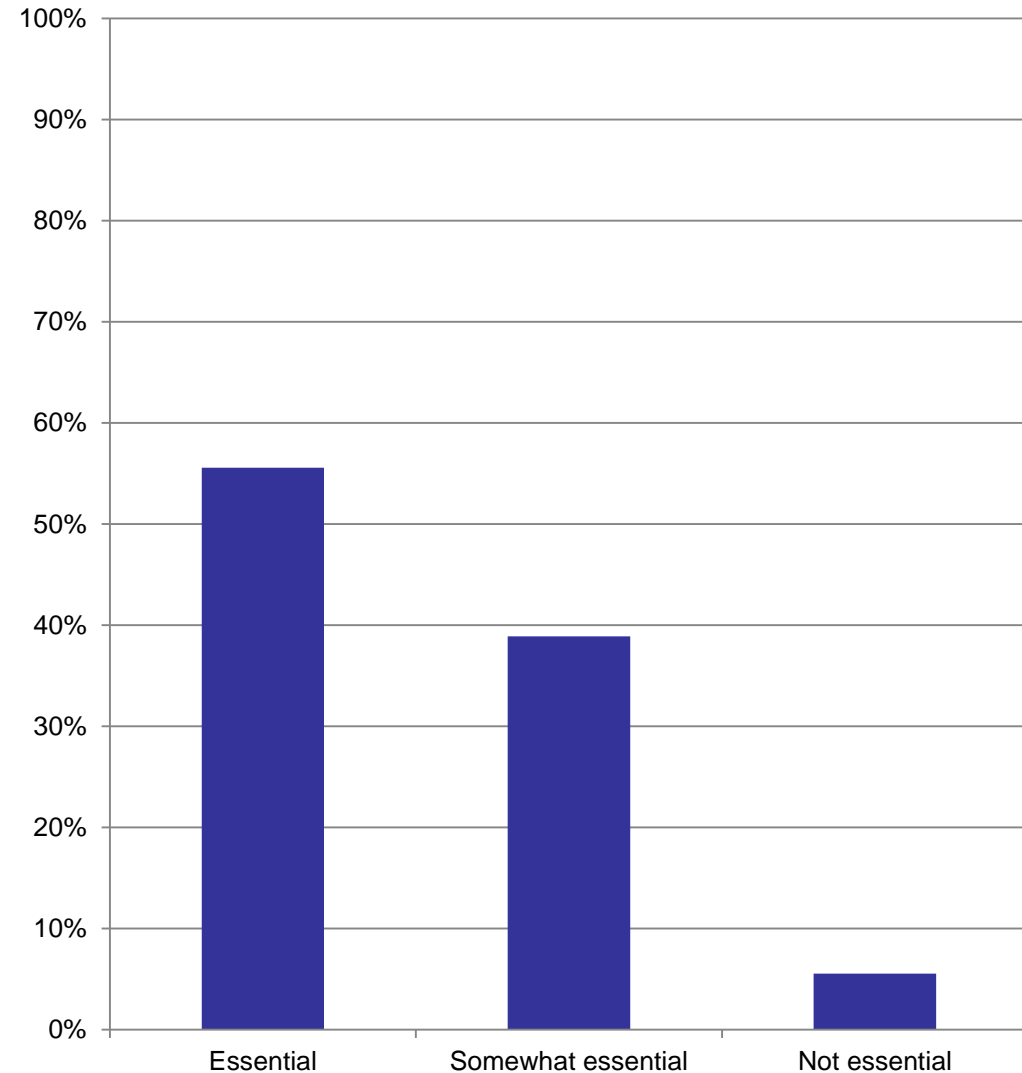
- Examples of how this might be achieved:
 - Home delivery of medications (e.g., PillPack)
 - Co-locate pharmacy with healthcare/public health services
 - Locate pharmacy services in areas served by bus routes



Approaches for Transportation

Approaches for addressing transportation needs

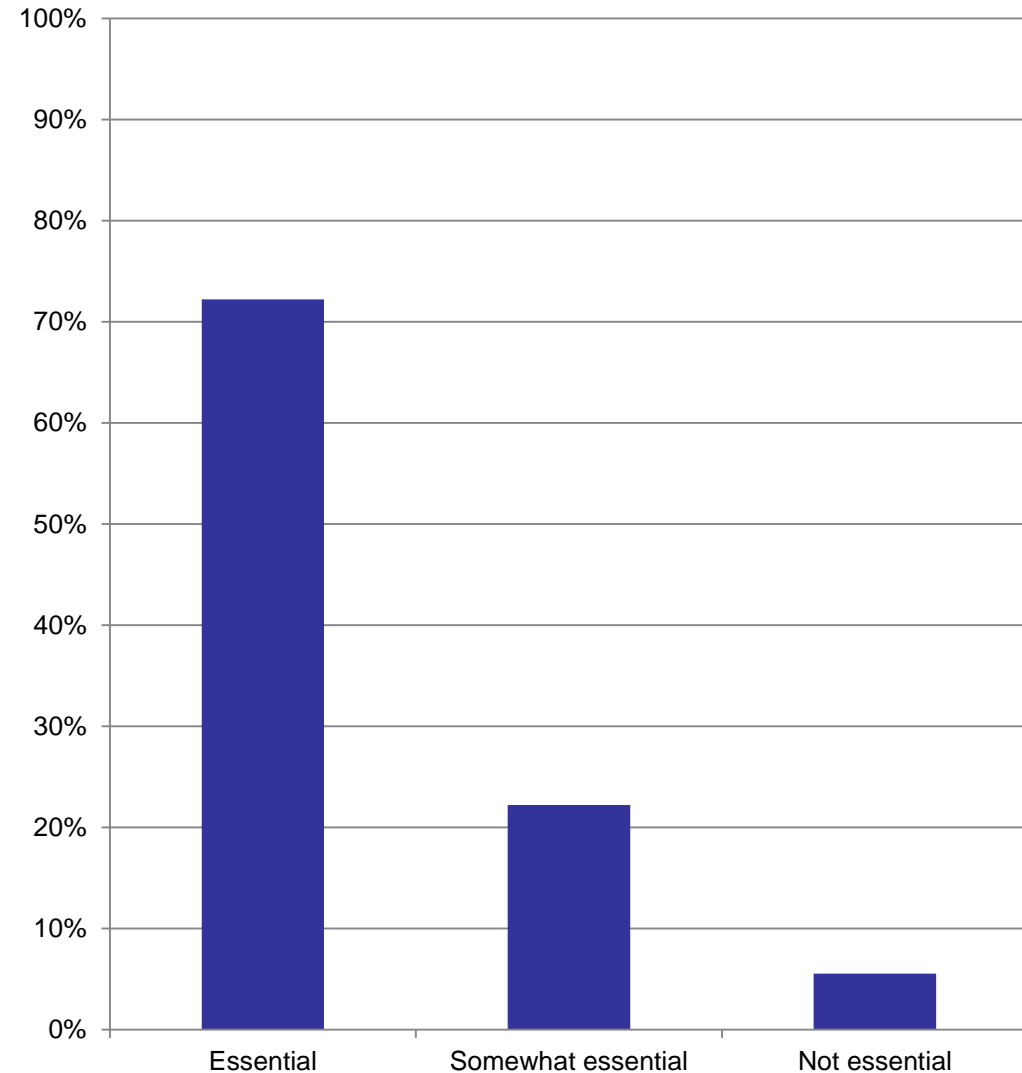
- Strategies for bringing people to services or services to people
- Examples of how this might be achieved:
 - Increase bus routes
 - Use volunteer drivers
 - Enhance mobile integrated community health (MICH) programs
 - Enhance telehealth services
 - Establish services using Lyft Health/Uber Health
 - Work with third-party payers to subsidize transportation



Sustainability Plan

Plan for/demonstration of sustainable funding (sustainability plan)

- Examples of how this might be achieved:
 - Service reimbursement [might require Health Services Cost Review Commission (HSCRC) policy]
 - Hospital community benefit funds [might require HSCRC policy]
 - Partnerships with third-party payers



Community Body to Guide Complex

Community body to guide the complex

- Need to ensure that the body has some power, authority, ability to make decisions
- Include representation from the community, community ownership
- Assure accountability for rural health complex services
- Examples of how this might be achieved:
 - Governing board
 - Steering committee

