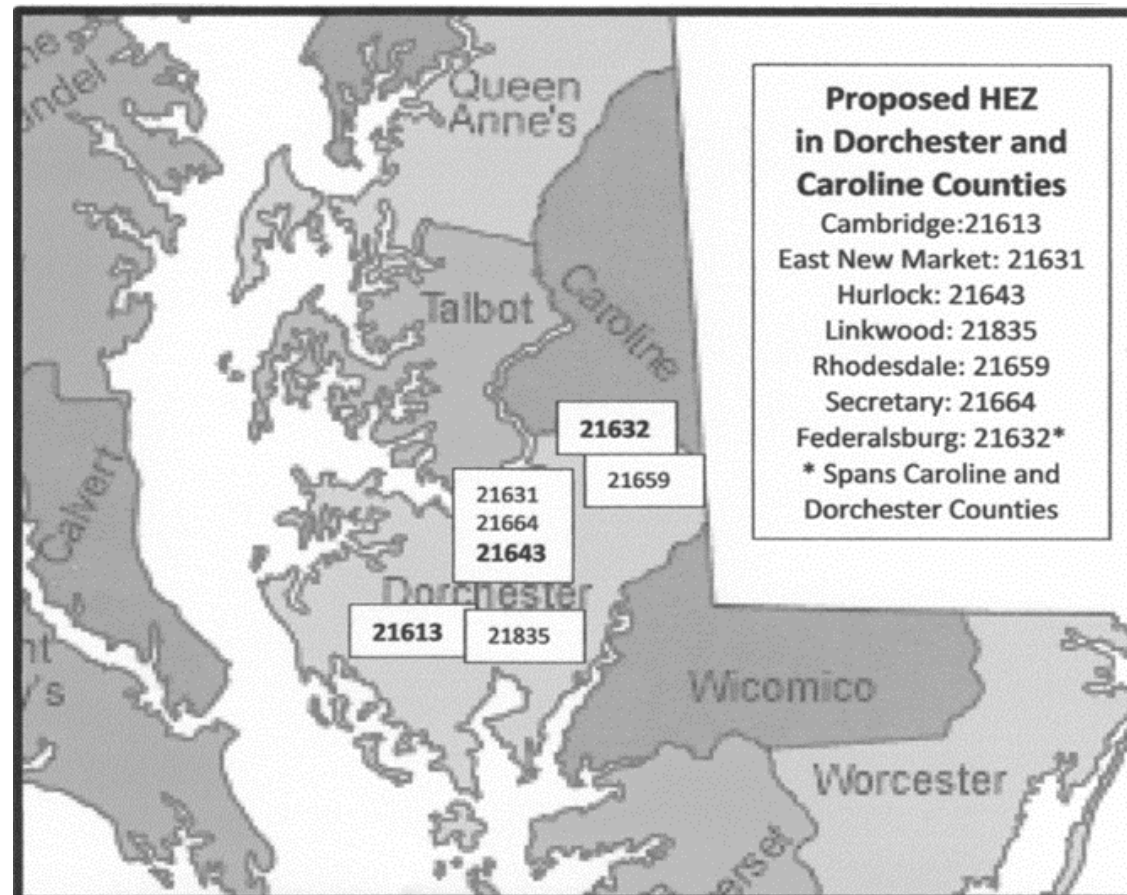




Caroline-Dorchester HEZ Competent Care Connections

Health Enterprise Zones Summit
November 3, 2016

Competent Care Connections Region



Population Health Approach

- Collaborative effort among different types of organizations
- Shared values and goals
- Coordination to address complex health determinants
- Coalition made up of 23 leaders, community members, advisory partners, etc. with different skill sets and resources meets monthly to strategize



Goals for HEZ 4-Year Grant Period

1. Improve outcomes and reduce risk factors related to diabetes, hypertension, asthma, and behavioral health issues
2. Expand the primary care workforce
3. Increase the community health workforce
4. Increase community resources for health
5. Reduce preventable emergency department visits and hospitalizations
6. Reduce unnecessary costs in healthcare



FUNDED PARTNERS	SERVICES PROVIDED
Associated Black Charities (ABC)	Community health workers, integrate w/ healthcare system
Caroline County Health Department (CCHD)	School based mental health services, adult outpatient mental health therapy
Chesapeake Voyagers, Inc. (CVI)	Mental health peer recovery support services
Choptank Community Health System (CCHS)	Care coordination, wrap-around services
Dorchester County School Based Wellness Center (DSBW)	Somatic and behavioral health care
DRI-Dock (DD)	Substance use peer recovery support services, drop-in center
Eastern Shore Area Health Education Center (ESAHEC)	Working to establish CHW training institute, provide training for HEZ partners
Maryland Healthy Weighs (MHW)	Weight loss (Phase I) and weight management (Phase II) program
Maryland State Medical Society (MedChi)	Provider recruitment, HEZ marketing
Affiliated Sante's Group Eastern Shore Crisis Response (receives funding through BHA)	Crisis response, resource help

Major Accomplishments

- CCHD opened Federalsburg Mental Health Clinic (FMHC) in November 2015
- Contracted CCHS for care coordination efforts, beginning in September 2015
- DSBW expanded access to pediatric care and implemented Asthma Management Program in school setting
- ESAHEC assisted with mini-residency rotations, advocated to pass preceptor tax credit bill, trained 50 CHWs to date
- MedChi helped to recruit one satellite office – Chesapeake Women’s Health and three additional physicians (potentially more)
- Cultural Competency and Health Literacy training completed by 21 partners
- CVI at DRI-Dock, FMHC, and hospital behavioral health unit



Major Accomplishments

- ABC established CHW Team
 - 70% of currently enrolled participants are actively advocating for their health
 - 59% of participants with diabetes show reduced medications prescribed by the PCP
 - 97% of participants report they trust their CHW and have modified their behavior to improve health outcomes
- MHW patients had an avg. BMI reduction of 15%, with a cost savings of \$13,055 per patient
- Mobile Crisis started program to be a closer resource
 - Reduced median response time – avg. of 21 minutes
 - Added 4.4 FTE Behavioral Health Professional positions
 - Facilitated 545 ER diversions and 1,525 dispatches for a potential savings of nearly \$1.2 million



HEZ Participants Receiving Services

HEZ Metrics	Year 1	Year 2	Year 3	Year 4 Q1	Total to Date*
Total Number of Unduplicated Patients	591	1,253	1,550	855	4,249
Total Number of Patient Visits	2,687	7,899	9,240	1,903	21,729

Number of New/Retained Jobs = 25.98 FTE

(Includes Licensed Independent Practitioners, Other Licensed/Certified Health Care Practitioners, Qualified Employees, and Other Support Staff)

*as of June 30, 2016

Yearly Expenditures

Year 1 Expended		\$502,449
Year 2 Expended		\$573,131
Year 3 Expended		\$809,155
Year 4 Award		\$906,263
<hr/>		
Total 4-Year Budget	=	\$2,790,998

Services Vulnerable without HEZ Funding

- Federalsburg Mental Health Clinic – adult outpatient mental health services
- Peer Recovery Support
- DSBW somatic and behavioral health care, asthma management program
- CHW core and update trainings, mini residency programs
- MHW weight loss and management program for low income participants
- Community Health Workers
- MedChi education/outreach/support for tax incentives, loan repayments, etc.
- Care coordination for high risk and chronically ill

Lessons Learned & Sustainability Challenges

- Data capabilities – significant challenges with data collection, HIPAA, CRISP access
- ROI is not always tangible, and it is too soon to effectively demonstrate
- Need to continue advocating for and educating about the effectiveness of CHWs
- Success due to committed program leaders
- Need multi-faceted approach because of complexity of issues
- Provider recruitment
- All of this takes time and is not easily resolved!

Participant Testimonials

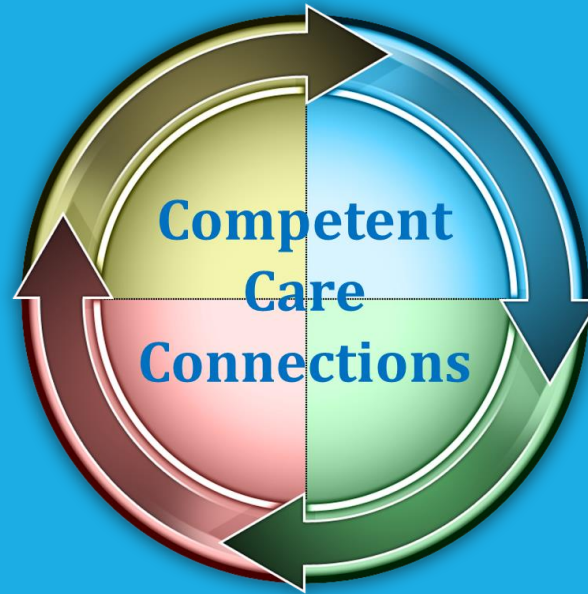
ABC CHW Team – Melody



"She's my angel. Several times I've thought about suicide because I'm tired of being sick. Without Ms. Joyce, I don't know what I would have done. She's helped me in so many ways...moral support, gone to the doctor with me, taken me to the grocery store because I don't have anybody."

DSBW Asthma Management Program – "D"

- 8th grader
- Multiple asthma attacks, sometimes in same week
- Missing school and not doing well
- Initial Peak Flow measurements <100 (Red Zone)
- After much teaching, new medication, peak flows closer to 200



Contact Information:

Roger L. Harrell, Health Officer

Phone: 410-228-3223

Email: roger.harrell@maryland.gov

Angela Mercier, HEZ CCC Director

Phone: 410-901-8126

Email: angela.mercier@maryland.gov

Terri Hughes, HEZ CCC Coordinator

Phone: 410-901-8160

Email: terri.hughes@maryland.gov