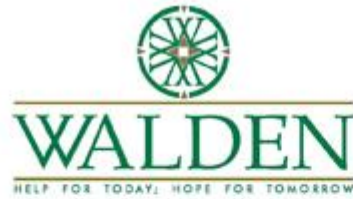


St. Mary's County
Department of
Social Services



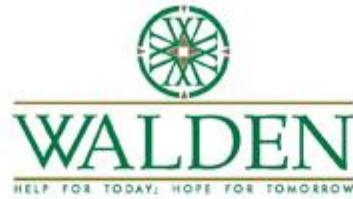
Greater Lexington Park Health Enterprise Zone (HEZ) Project



MedStar St. Mary's
Hospital

Joan Gelrud - Vice President
MedStar St Mary's Hospital
April 2, 2015

St. Mary's County
Department of
Social Services



SMC*L*
Southern MD Center for Independent Living



Minority
utreach
Coalition

GREATER
Baden Medical Services
Taking care of our community

HASMC

Vision

Establish accessible, integrated, culturally competent healthcare in the HEZ supported by clinical care coordination, prevention services, community outreach and education

Core Disease States

Diabetes, Asthma, Hypertension, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Behavioral/Mental Health Diseases



**MedStar St. Mary's
Hospital**

HEZ Year 1

Key Goals and Successes

Expand Service Capacity

- Implemented Integrated Care with Walden and *Get Connected To Health (GCTH)*
- Deployed Care Coordinators
- Deployed Community Health Workers
- Recruited 4 FTE Healthcare Providers
- Implemented Transportation Route
- Designed Access Health Logo

HEZ Year 1

Key Goals and Lessons Learned

Expand Service Capacity

- Dental Van Implementation
 - Needed expert consultation
- Health Center Timeline Shift
 - Teambuilding amongst partners
- Provider Recruitment
 - Creativity when incentives did not meet providers' requirements

HEZ Year 2

Key Goals and Successes



Expand and Fill Service Capacity

- Opened New Integrated Practice (9/2014)
 - Added 2 FTE providers (1 NP/ 1 MD)
- Launched Adult Dental Program
- Increased Transportation Options
- Integrated HEZ Care Coordination with Other Agencies
- Expanded Evidence Based Community Health Worker Programming
 - Added National Diabetes Prevention Program
- Expanded Language Line/Interpreter Availability
- Optimized Data Management

HEZ Year 2

Key Goals & Lessons Learned

Expand and Fill Service Capacity

- Recruitment and Retention
 - Still a challenge
- Care Coordination
 - Near capacity; 116 active patients for RNs in year 2
 - Patient contact prioritized over other programs to increase Community Health Workers' (CHW) caseloads to 20 each
- Adult Dental Program
 - Modified with 25 patient visits to date
- Interpreter Services
 - More on-site interpreters needed
- Data Collection
 - Tools/methodology were changed

Moving the Needle

HEZ Volumes

Grant Year 2, Quarters 1-3

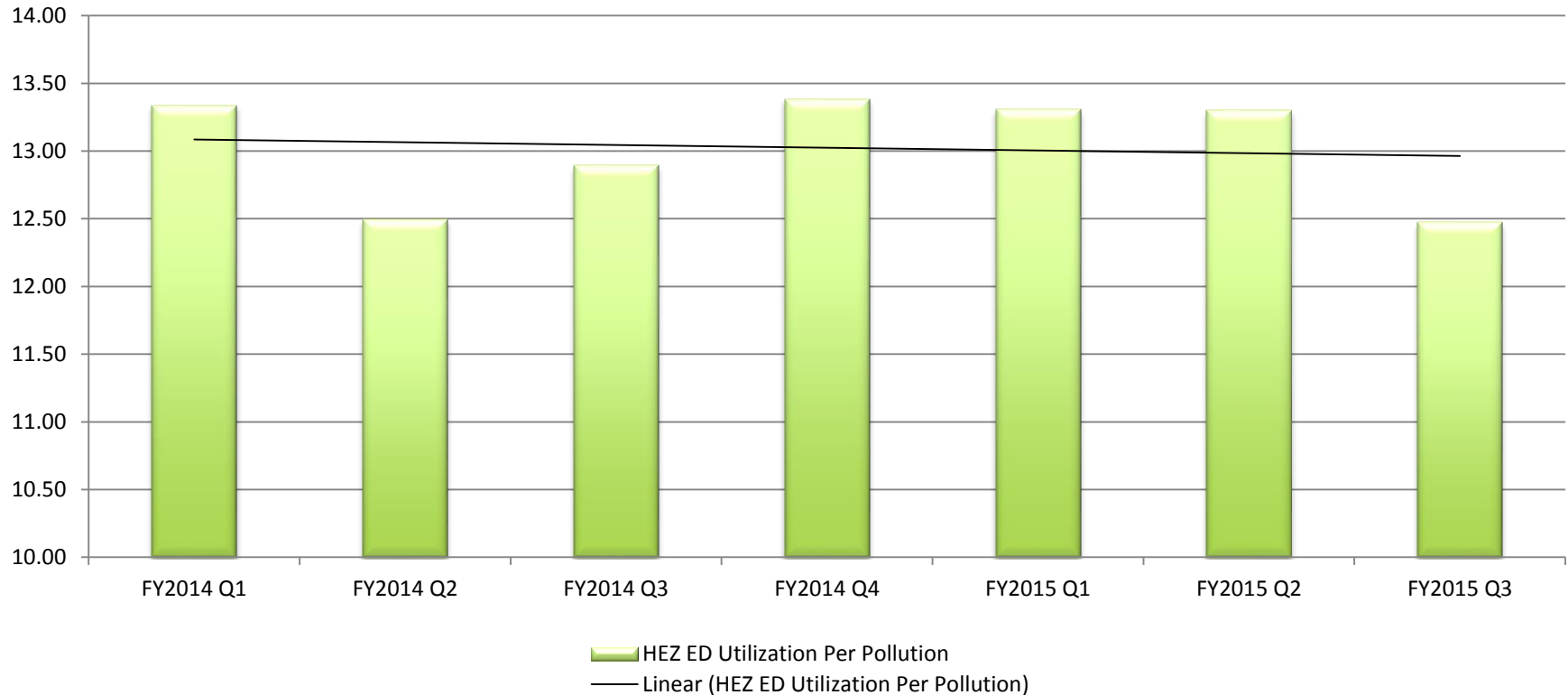
- 363 Patients had RN Care Coordination
- 1597 Clients had CHW Interventions
- 3346 Riders on Shuttle
- 127 Transports out of the HEZ for Care
- 1095 Patients Served by Walden Sierra
- 860 Patient Visits to *GCTH* service
- 25 Language Line Calls Used
- 12 In-person Interpreters Enlisted

Moving the Needle

Quarter 1 FY2014- Quarter 3 FY2015



HEZ Overall Emergency Department Utilization/Census Rate

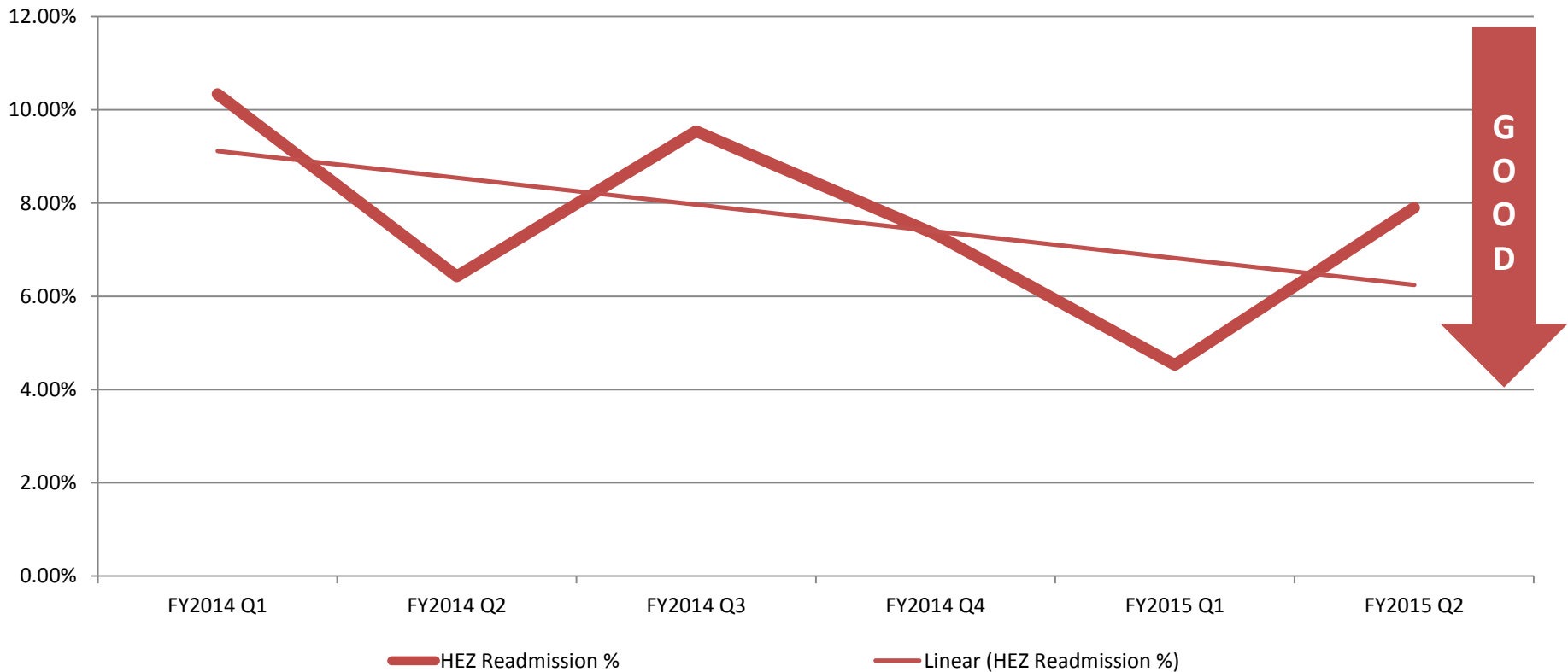


ED Utilization = HEZ ED Visits/HEZ Population (2010 Census Data)

Moving the Needle

Quarter 1 FY2014- Quarter 2 FY2015

HEZ Readmission Rate



HEZ Year 3

Key Goals and Focus Areas

Continue to Expand and Fill Service Capacity While Assuring Quality of Services

- Recruit and Retain Providers and Build Capacity
 - Psychiatry and primary care (3 FTE goal)
 - Increase primary care capacity and productivity
- Refine Care Coordination
 - Maintain capacity/refine target populations
- Expand Integrated Care/Behavioral Health
- Refine Transportation Routes
- Expand Adult Dental Services

HEZ Year 3

Area of Focus 1

Build Practice Capacity

- SMART Objectives:
 - Primary care practitioners average 2-3 visits/hour 36 clinic hours/week during practice ramp-up (9 months) 788 patient visits to date
 - Primary care practitioners will average 3-4 visits/hour 36 clinic hours/week minimum of 5184 appointments/year
- Barriers
 - Nurse Practitioner is a new graduate; Physician turnover
 - 66% of patients are uninsured, MCO or Medicaid
 - Influx of patients with English as a second language
- Year 3 Allocated Dollars
 - \$103,020 (11% of budget)
- Sustainability
 - Increase volume to move closer to break-even
 - Provide in kind community benefit support

HEZ Year 3

Area of Focus 1

Build Practice Capacity

- Expand night/weekend hours
- Greater Baden Medical Services (GBMS) will increase hours with leased provider from MedStar St. Mary's Hospital (MSMH)
- Pharmacists added to primary care offices through Million Hearts Grant
- Weekly team meetings with Walden and MSMH Care Coordinators and CHW's
- GBMS/MSMH MOU in process to expand and fill service capacity

HEZ Year 3

Area of Focus 2



Care Coordination

- SMART Objective:
 - Care Coordinators maintain current capacity of 60 active and 90 maintenance clients/RN
 - CHW's maintain current capacity of 20 clients/associate
- Strategies
 - Hard-wire Project RED
 - Medication Reconciliation in the home
 - Multi-faceted/high-touch in-home and in-person meetings
 - Modify visit structure to lift up and not enable clients
- Year 3 dollars
 - \$340,402 (37% of budget)
- Sustainability
 - Utilize care coordination reimbursement opportunity
 - Provide in kind community benefit

HEZ Year 3

Area of Focus 2



Care Coordination

- Selection Criteria
 - Inpatient readmission score of ≥ 7 (MSH risk stratification tool)
 - HEZ targeted diagnoses identified and patients prioritized
 - Referrals from inpatient case managers, primary care providers, HEZ partners, ACO's, MSMH Wound Healing Center and other levels of care (E.g. Skilled Nursing Facilities)
 - ED patients screened for high utilization and chronic conditions
- Other Strategies to Enhance Care Coordination
 - Developed patient tracker database
 - Deploying TONIC for data and patient education enhancement
 - Inter-agency Team meetings to discuss high-risk patients

HEZ Year 3

Area of Focus 3

Integrated Care/Behavioral Health

- **SMART Objectives**
 - Increase SBIRTS to 50/month from 30/month
 - New Goal: 25 MSMH ED diversions/year to non-hospital treatment
 - Add 4 additional hours of Psychiatry/week serving 20 patients/month (increase from 4-5 patients/month in Year 2)
- **Year 3 dollars**
 - \$162,920 (17% of budget)

Integrated Care/Behavioral Health

- Strategies:
 - Lead integration planning for Health Center
 - Provide 1 Mental Health First Aid training in the community
 - Participate in team based care meetings with MSMH Primary Care and *GCTH*
 - Increase number of providers trained to do SBIRTS

HEZ Year 3

Area of Focus 4

Transportation

- **SMART Objectives**

- Add 2 specialty route runs per day with 5 patients/run (new service)
- Increase shuttle ridership above current goal of 1000/quarter)

- **Barriers**

- Ridership not steady on shuttle
- Need for transportation outside of the zone
- Challenging to recruit drivers

- **Year 3 Dollars**

- \$100,021 (11% of budget) 4 vehicles: Dental Van, Shuttle, Minivan, Car and 2 driver FTE's

- **Sustainability plan**

- Exploring private public partnership



HEZ Year 3

Area of Focus 5

Adult Dental

- SMART Objective
 - Provide 6 hours of adult dental services/week (4-6 patients)
- Strategies
 - Expand new partnership with Gentle Green Dental (Dental at capacity with appointments 6 hours/week)
 - Reduce ED utilization for dental emergencies
- Year 3 Dollars
 - \$37,560 (4% of budget)
- Sustainability
 - Explore new partnerships to deploy dental van to expand services

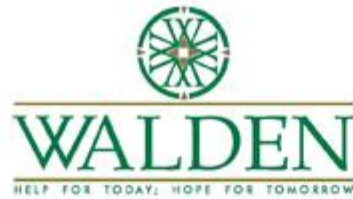


Leveraging the HEZ



- \$32K: USDA Dental Grant
- \$15K: Million Hearts Grant
- Vehicle: Donation from St. Mary's County
- Grant Application: SAMSHA submitted by Walden \$400K/year
- Program Expansion: NDPP
- Designation: MUP
- Health Center: \$2M in kind \$96K 10% HEZ funds for lease and improvements
- Human Capital:
 - Program Director
 - Executive leaders at partner organizations
 - Ancillary support from MSMH departments
 - Provider and support staff salaries and operational costs
 - 2.5 FTE Care Coordination Expansion to St. Mary's County (0.5 FTE in kind)

St. Mary's County
Department of
Social Services



QUESTIONS?



MedStar St. Mary's
Hospital