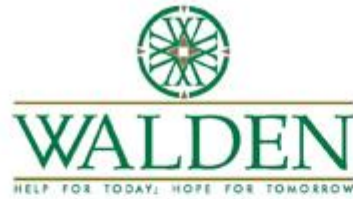


St. Mary's County
Department of
Social Services



SMC IL
Southern MD Center for Independent Living



Minority
Outreach
Coalition

GREATER
Baden Medical Services
Taking care of our community

HASMC

Greater Lexington Park Health Enterprise Zone (HEZ) Project



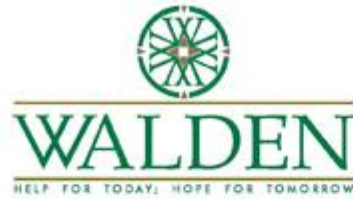
AccessHealth
Wellness within reach.



MedStar St. Mary's
Hospital

Lori Werrell
Program Director, GLPHEZ
MedStar St Mary's Hospital

St. Mary's County
Department of
Social Services



SMC*L*
Southern MD Center for Independent Living



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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

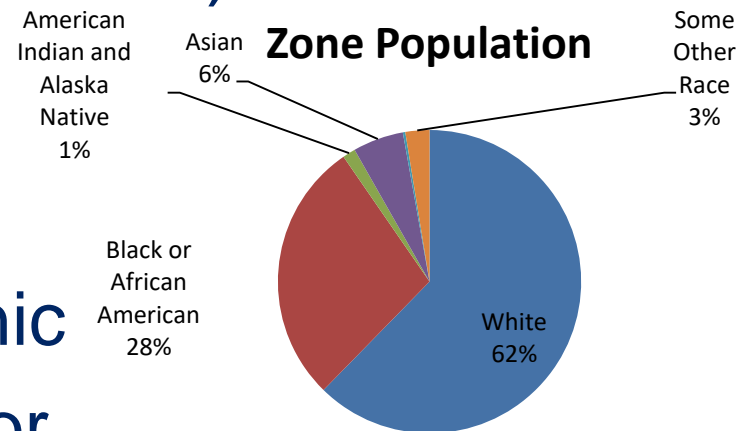


**MedStar St. Mary's
Hospital**

HEZ Demographics

- Population of approximately 34K in 3 zip codes (20653,20634,20667)

- Clients being assisted
 - 31% identify as Hispanic
 - 46% identify as Black or African American



Approximately 7% identify as Hispanic

Greater Lexington Park Health Enterprise Zone

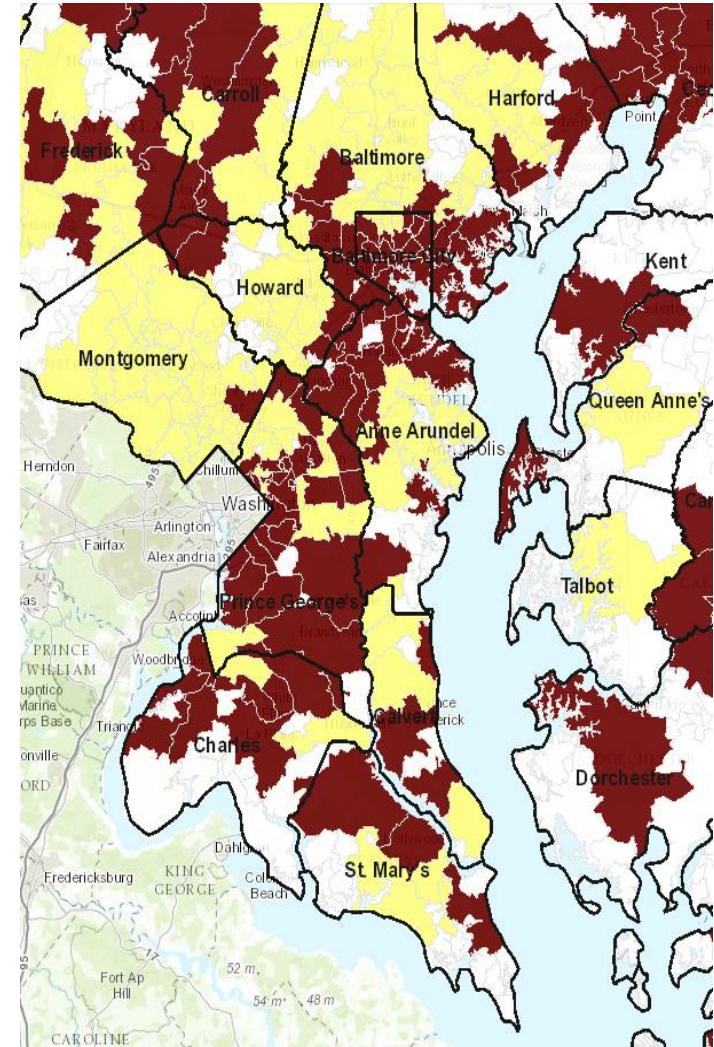
- **Lexington Park:**

- Life Expectancy: 77.6 (lower than 79.1 years eligible)
- Medicaid Enrollment: 200.93 (higher than 109.1 per 1000 eligible)
- WIC participation: 38.77 (higher than 18.0 per 1000 eligible)

- **Great Mills:**

- Average % low birth rate: 7.4 (higher than 6.4 per 1000 births eligible)
- Medicaid enrollment: 128.84
- WIC participation: 20.49

**Needed to meet either life expectancy or low birth weight and Medicaid enrollment or WIC participation thresholds.



Major Program Components

Hospital encounter

- Inpatient (readmission risk factors triggers Care Coordinator)
- Emergency Room (follow up by Community Health Worker)

Care Coordinator

- Home visits, care plans, phone support, medication reconciliation
- Working with other care coordination programs and primary care

Community health worker

- Removing Barriers (Their training is offered to whole community)
- Transportation (shuttle and medical specialty routes)

Outpatient Care

- Primary and specialist appointments, Dental
- PT ,Dialysis, Cardiac Pulmonary Rehab etc

Self management programs

- Walk with Ease, CDSMP, NDPP, diabetes self management program, support groups, Walden Sierra programs

Success in Year 3

- Readmission rate of RN Care Coordinated patients - 7.03%
 - State data has the whole zone Readmissions rate dropping from 13% to 8% (36.9% drop)
 - Emergency Room Visits are down
 - PQI Composite scores are below state averages
- # of new clients served by CHWs – 271
- # of client encounters with CHWs – 4421
- Shuttle ridership – 7497
- Medical Specialty rides – 440
- # of patients served by Walden for behavioral Health – 656
- # of unduplicated Psychiatric patients seen by Walden – 87
- # Dental patients seen – 42
- # Primary Care patients seen - 2105

Year 4 Focus

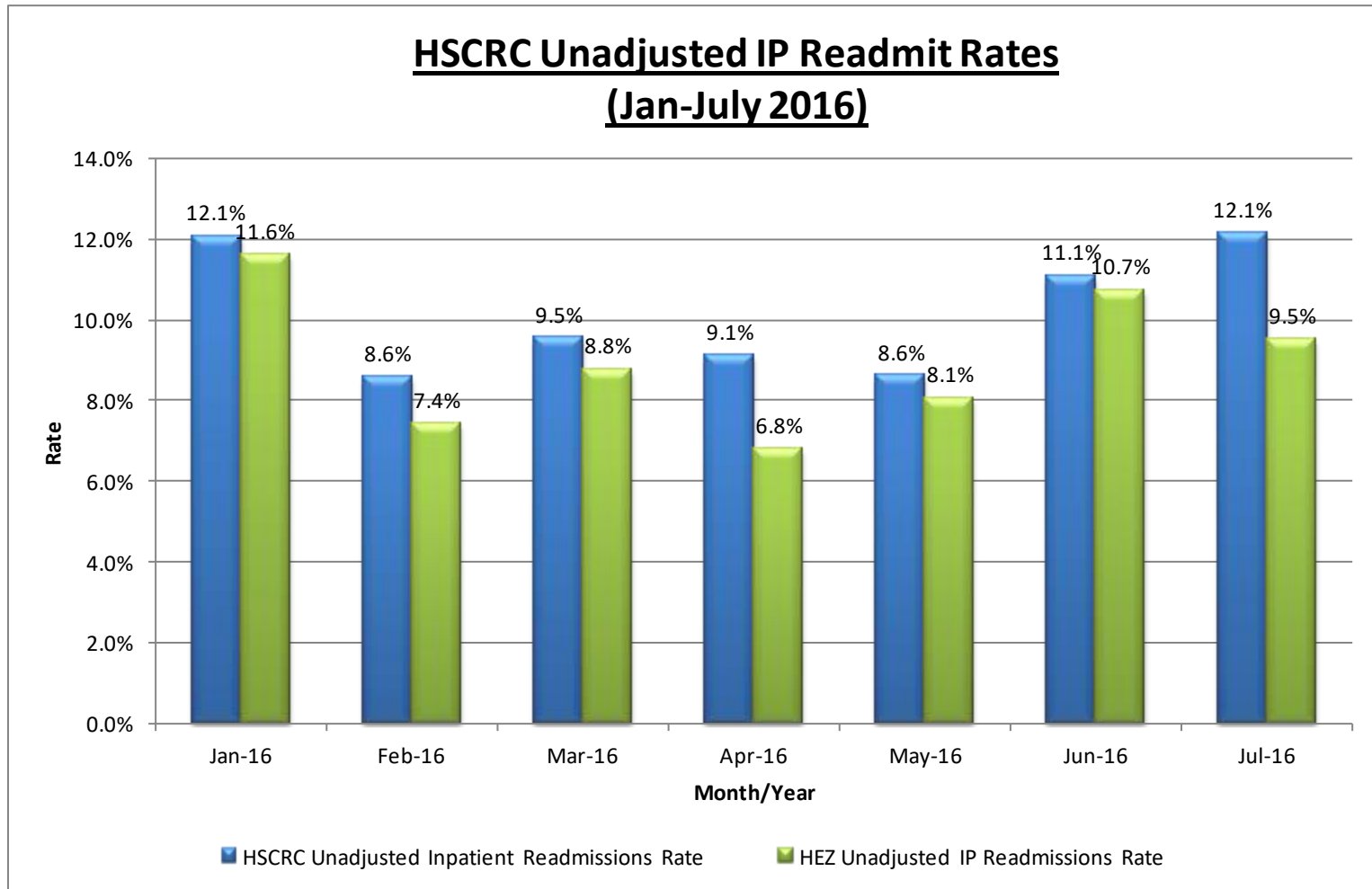
- Sustainability
- Care Coordination/CHW program
- Transportation
- Dental
- Behavioral Health
- Health Center/Primary Care/Psychiatry
- Provider recruitment

Lessons Learned

- Don't be afraid to change from the original plan
- Take risks
- Data – blessing and a curse
- Be patient – don't stop trying
- Listen to the community
- Staffing
- Vehicles



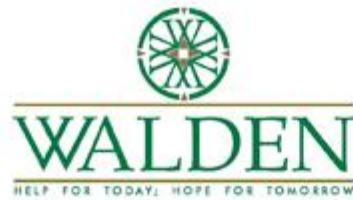
Readmissions



Health Center Building under Construction - FINALLY



St. Mary's County
Department of
Social Services



QUESTIONS?

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