STATE OF MARYLAND
Community Health Resources Commission
Temporary Physical Address: 100 Community Place, Room 4.507, Crownsville, MD 21032
Temporary Mailing Address: P.O. Box 2347, Annapolis, MD 21404

Larry Hogan, Governor; Boyd Rutherford, Lt. Governor;
Edward J. Kasemeyer, Chair; Mark Luckner, Executive Director

September 16, 2021

Maryland Health Equity Resource Advisory Committee
Individuals & Organizations Submitting
Public Comments

Data & Program Evaluation and Pathways Call for Proposals Design Subcommittees

Carol Masden – Maryland Rural Health Association
Stephanie Klapper – Maryland Citizens Health Initiative/Health Care for All! Coalition
Dr. Anita Mwalui – Community Engagement & Consultation Group
Washina Ford – The Community Builders, Inc.
Johanna Fabian-Marks – Maryland Health Benefit Exchange
Elizabeth Hafey – Johns Hopkins University & Medicine
Erin Dorien – Maryland Hospital Association
Robyn Elliot – Public Policy Partners on behalf of:
- Maryland Community Health System
- Maryland Dental Action Coalition
- Moveable Feast
- American College of Nurse-Midwives

Eric Crowder / Tamiko Stanley – Luminis Health, Inc.
Rachel Mandel, MD MHA – on behalf of:
- Local Community; Healthcare Coalition & Community-Based Organizations

Anne Ciekot – Public Policy Partners on behalf of:
- Health Care for the Homeless
- NCADD-Maryland

Erin Schurmann – Health Services Cost Review Commission
Nora Hoban - Mid-Atlantic Association of Community Health Centers
Stephanie Klapper - Maryland Citizens Health Initiative/Health Care for All! Coalition (Supplemental)
Dr. Anna-Maria Izquierdo – Care for Your Health
Muriel Watkins – CrossCreek Strategies
Deborah Rivkin – CareFirst BlueCross BlueShield

MCHRC
MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

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Larry Hogan, Governor; Boyd Rutherford, Lt. Governor;
Edward J. Kasemeyer, Chair; Mark Luckner, Executive Director

August 24, 2021

Health Equity Resource Communities
Data & Program Evaluation Subcommittee
Questions for public comment

1. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

1. In the materials, there was reference to potential use of MA ambulatory data. Can Medicare ambulatory data also be included? This is particularly relevant to our aging in place Marylanders as well as those elegible due to a disability. Both of these groups are potentally huge cost drivers. Additinally, many are at or below poverty level. Many are negatively impacted by SDOH due to income, disability, and other limitations.
2. There are pediatric ED visits available as outllined in the materials. Are pediatric inpatient visits also available? Can Medicare eligible ED and inpatient visits also be included?
3. How are SDOH measures currently on a dashboard? Are they in the public health dashboards? If not, could they be added? Could they also be included in the grantee's dashboard?

2. What statewide measures should be used to demonstrate health disparities?

3. What measures should be used to establish a baseline to assess impact and monitor/evaluate performance of the Pathways grantees?

4. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

1. Creation, implementation and monitoring of SMART goals. This is huge from the start. Without a clear plan, it's super hard for grantees without them.

5. How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health (SDOH)/other barriers experienced by the population/community served?

Comments are due to the CHRC / HERC Advisory Committee by September 3, 2021, and may be submitted to: mdh.chrc@maryland.gov.

Name: Carol Masden

Title Executive Director

Organization Maryland Rural Health Association

Email Address:

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Health Equity Resource Communities Data & Program Evaluation Subcommittee Questions for public comment

Written comments are due to the CHRC / HERC Advisory Committee by September 3, 2021, and may be submitted to: mdh.chrc@maryland.gov.

Name: Stephanie Klapper Title Deputy Director

Organization Maryland Health Care for All! Coalition

Email Address: stephanie@healthcareforall.com

Date 9/2/21

1. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

Data collection and evaluation should be done using community-based participatory research methods. The communities, including consumers who would benefit from the program, should provide input as to the data metrics that will be the most relevant to them. Community voices should be present every step of the way, including deciding the research questions, who participates, how to collect data, and how to share findings. Data should be co-created by the stakeholders, including patients and residents. Equity-focused process measures will be important because undoing systemic racism is very process-oriented, with reduced inequities in outcomes often taking time to emerge. Achieving health equity will take time to do well.

In addition to quantitative data, qualitative data should be collected. Quantitative data for key chronic conditions and SDOH disaggregated by all ethnic/racial groups will not always be available, which will make qualitative data especially critical. Qualitative data will also be important when conducting root cause analyses in order to understand why a health disparity exists for a particular population, which can then be used to identify the best solutions to address the disparity rather than relying on traditional surveillance data alone. Focus groups and interviews should be conducted.

2. What statewide measures should be used to demonstrate health disparities?

This should be decided by stakeholders in the community. CHRC can help the communities understand what data are available through CRISP, state and local agencies, and other sources. Again, qualitative data should be used where quantitative data is not available or would be helpful for root cause analyses.

3. What measures should be used to establish a baseline to assess impact and monitor/evaluate performance of the Pathways grantees?

This should be decided by stakeholders in the community. CHRC can help the communities understand what data are available through CRISP, state and local agencies, and other sources. Again, qualitative data should be used where quantitative data is not available.

4. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

-Support applicants' and grantees' development in the components required by the call for proposals (community engagement, data capacity, coalition building, addressing SDOH, working across sectors, how to operationalize health equity, etc.). Building capacity in these areas among grantees and applicants would be a worthy investment for the state and strengthen the initiative overall.
-Help with governance of collaborative efforts and effective communication so that stakeholders across sectors, including consumers, can meaningfully collaborate and share power in order to ensure that the programs have buy-in from the community.
-Connect grantees with resources.
-Help with the application process for entities less experienced with RFP's, including making the call for proposals as "user-friendly" as possible by not using jargon/acronyms and making it easy to follow. Consider accepting applications in languages other than English. Help applicants with the application portal if use of a portal is required.

5. How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health (SDOH)/other barriers experienced by the population/community served?

This should be decided by stakeholders in the community. CHRC can help the communities understand what data are available through CRISP, state and local agencies, and other sources.

We believe that Pathways applicants should develop strategies to address SDOH, and they should select the ones to work on that will make the greatest impact in their communities. Addressing social determinants of health is crucial to improve health equity in the long term. In addition to engaging across local agencies, the state should also engage across state agencies to help further efforts to address SDOH by leveraging funding, data, leadership support, etc.

It is worth noting that the statutory purpose of the Pathways program is to provide the "foundation and guidance for a permanent health equity resource community program under title 20, subtitle 14." Therefore the Pathways grant applications should, as much as possible, include the required HERC application information identified in the statute such as how the applicant will support "scalable interventions that address non-medical determinants of health identified in the most recent community health needs assessment including but not limited to unstable housing, inadequate food, or job development."

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Health Equity Resource Communities
Pathways Call for Proposals / Design Subcommittee
Questions for Public Comment

Written comments are due to the CHRC / HERC Advisory Committee by September 6, 2021, and may be submitted to: mdh.chrc@maryland.gov.

Name Stephanie Klapper Title Deputy Director

Organization Maryland Health Care for All! Coalition

Email Address stephanie@healthcareforall.com

Date 9/2/21

1. Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

Applicants should be permitted to focus on broader health disparities that exist. Each community is different, and they should be allowed to create solutions tailored specifically to their needs and assets.

2. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

Data collection and evaluation should be done using community-based participatory research methods. The communities, including consumers who would benefit from the program, should provide input as to the data metrics that will be the most relevant to them. Community voices should be present every step of the way, including deciding the research questions, who participates, how to collect data, and how to share findings. Data should be co-created by the stakeholders, including patients and residents.

Equity-focused process measures will be important because undoing systemic racism is very process-oriented, with reduced inequities in outcomes often taking time to emerge. Achieving health equity will take time to do well.

In addition to quantitative data, qualitative data should be collected. Quantitative data for key chronic conditions and SDOH disaggregated by all ethnic/racial groups will not always be available, which will make qualitative data especially critical. Qualitative data will also be important when conducting root cause analyses in order to understand why a health disparity exists for a particular population, which can then be used to identify the best solutions to address the disparity rather than relying on traditional surveillance data alone. Focus groups and interviews should be conducted.

3. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

-Support applicants' and grantees' development in the components required by the call for proposals (community engagement, data capacity, coalition building, addressing SDOH, working across sectors, how to operationalize health equity, etc.). Building capacity in these areas among grantees and applicants would be a worthy investment for the state and strengthen the initiative overall.
-Help with governance of collaborative efforts and effective communication so that stakeholders across sectors, including consumers, can meaningfully collaborate and share power in order to ensure that the programs have buy-in from the community.
-Connect grantees with resources.
-Help with the application process for entities less experienced with RFP's, including making the call for proposals as "user-friendly" as possible by not using jargon/acronyms and making it easy to follow. Consider accepting applications in languages other than English. Help applicants with the application portal if use of a portal is required.

4. Should Pathways applicants develop strategies to address non-medical Social Determinants of Health (SDOH)? If so, are there specific SDOH to highlight in the Call for Proposals?

We believe that Pathways applicants should develop strategies to address Social Determinants of Health, and they should select the ones to work on that will make the greatest impact in their communities. Addressing social determinants of health is crucial to improve health equity in the long term. In addition to engaging across local agencies, the state should also engage across state agencies to help further efforts to address SDOH by leveraging funding, data, leadership support, etc.

It is worth noting that the statutory purpose of the Pathways program is to provide the "foundation and guidance for a permanent health equity resource community program under title 20, subtitle 14." Therefore the Pathways grant applications should, as much as possible, include the required HERC application information identified in the statute such as how the applicant will support "scalable interventions that address non-medical determinants of health identified in the most recent community health needs assessment including but not limited to unstable housing, inadequate food, or job development."

5. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

Applications should include working with community-based collaborative groups in innovative ways that build community power. Applicants should if possible provide examples of past success they have had advocating for health equity in true partnership with their community. They should host community meetings at times and places that are convenient to the community to decide on what the stakeholders want to accomplish together and to collectively establish the decision-making process. Each step should be conducted with the community fully engaged and involved in the decision-making, including community-based organizations and consumers. It should be evident that the community has equal power and equal part in defining the direction of the initiative and that establishing priorities is a collaboration between all of the community partners. Resources from the grants should be shared among stakeholders. Data collection and evaluation should be done using community-based participatory research methods.

6. What should be the review/selection criteria for the Pathways Call for Proposals?

We suggest that the review criteria include health equity guiding principles from the Maryland Office for Minority Health and Health Disparities: Cultural, linguistic and health literacy competency; workforce diversity; outreach to and targeting of minority populations; racial, ethnic and language data collection/reporting; addressing social determinants of health; and balance between provider and community focus.

The mission of the Maryland Citizens' Health Initiative Education Fund, Inc. is to advocate for all Marylanders to have access to quality affordable health care care. Health insurance coverage expands access to care and as such effectively reduces health disparities, improves health outcomes, improves access to primary care, promotes access to primary and secondary prevention services, and reduces health care costs associated with hospital admissions and readmissions. Each community is different, and therefore each community should be able to create solutions tailored specifically to their needs and assets, but we suggest that as part of the larger picture that the Pathways to Health Equity RFP encourage proposals from localities that are working to expand access to coverage for those not eligible for coverage under current health care programs.

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Health Equity Resource Communities
Pathways Call for Proposals / Design Subcommittee
Questions for Public Comment

Written comments are due to the CHRC / HERC Advisory Committee by September 6, 2021, and may be submitted to: mdh.chrc@maryland.gov.

Name Anita Mwalui Title Founder/CEO

Organization Community Engagement & Consultation Group

Email Address amwalui@ce-cg.org

Date 9/2/21

1. Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

Applicants should be permitted to focus on broader health disparities that exist in the context of "Whole Person Health" A packaging that looks at disparties that surround the social/enviornmental well-being in combination with situaltional and circumustantial factors that impact quality of life. Applicants should be permitted to present proposals with concepts that compliment the Maryland Health Equity Resource Act.

2. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

The CDC chronic disease data and office of Minority health is preferred for my organization because it looks at ethnic and racial breakdown of disease incidences and prevalence. However state and county data such as below is a brief reports and is used to package a wrap-around program concept.

https://health.maryland.gov/phpa/ccdpc/Documents/Diabetes%20Action%20Plan%20documents/diabetes_one-pager_FINAL_112019.pdf

Data Metrics

1. a decrease in A1C by 2-3 points for diabetes
2. Weight loss of 5 to 8% has to be attainable

3. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

CHRC should be able to provide grant writing workshops. WHY? there are many community organizations that are doing great work in addressing health disparities and health education but are often dismissed during the process of RFP. Since "One Size Doesn't Fit All" in the context of DPP and DSME, applicants should be given the technical assistance that allows flexibility to construct programs that accommondates the population served in terms of "effective practices" rather than best practices.

4. Should Pathways applicants develop strategies to address non-medical Social Determinants of Health (SDOH)? If so, are there specific SDOH to highlight in the Call for Proposals?

Definitely non-medical social determinants of health should be allowed in the call for proposal conditions in which people are born, work, live and age. For example multi-generational living affects social circumstances associated with poor health, like economic insecurity or housing instability and leads to social risk factors.

5. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

Applicants should demonstrate their collaborative and partnership structure with the work they do to include the scope of work. Applicants need to talk about their sustainability.

6. What should be the review/selection criteria for the Pathways Call for Proposals?

Quite frankly it shouldn't be the number of scores per section, the selection criteria for pathways call for proposals should look at the concept behind the proposal, sustainability, personel, ability to address causes from a multicultural/multidimensional perspective and community engagement aspect of the work itself.

By submitting a response to the public comments requested, you understand that your responses may be used by the Maryland Community Health Resources Commission (CHRC) and/or the Health Equity Resource Communities (HERC) Advisory Committee. Additionally, the responses may be used in public meetings and will be made part of the official record. You also consent to be placed on the Health Equity Resource Communities mailing list. To unsubscribe, please email mdh.chrc@maryland.gov.

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Health Equity Resource Communities
Data & Program Evaluation Subcommittee

Questions for public comment

Written comments are due to the CHRC / HERC Advisory Committee by September 3, 2021, and may be submitted to: mdh.chrc@maryland.gov.

Name: Washina X. Ford Title: Director of Community Life for City View at McCulloh

Organization: The Community Builders, Inc.

Email: WFord@TCBINC.org

Date: 9/3/21

1. **What sources of data do programs/applicants currently access? What data metrics currentlyreported by programs are most relevant for the future Pathways grantees?**

We are submitting answers to the questions for public comment on behalf of the Integrated Complex Care at Home (ICCH) coalition. The 7 partner organizations access and share data from multiple sources. The premise of ICCH is that health care must be linked to where people live. A key goal of the preliminary 2-year Pathways phase is to connect multi-unit housing sites by their "panels" of ICCH participants through a chain of Business Associate Agreements and a shared Use and Disclosure document that will allow for information sharing, as necessary, across the collaborative partners as noted in the sources below:

- 5 Affordable Housing Organizations – Housing Based Care Management System, CRISP connection
- LifeBridge Health – Cerner EHR, CRISP connection
- MDPCP Practices – multiple EHR systems, CRISP connection

The following metrics are important to all members of the ICCH collaborative and provide a strong value-add to all Pathways grantees across the care continuum:

- Claims Data: Medicare and Medicaid primarily
- Utilization Data
- Maryland Primary Care Program participating practice data – Specific clinical fields
- Event Notification Data
- Transitions of Care Data
- Care Coordination Activities (including community-based care team members)

- Health Related Social Needs Data
- Demographic data necessary to measure changes in health disparities (race, ethnicity, etc.)

2. What statewide measures should be used to demonstrate health disparities?

No new disparity measures are necessary. Utilizing the Total Cost of Care (TCOC) outcomes and subsequent measures is sufficient. However, ensuring that measures are stratified by race and ethnicity from baseline through evaluation is essential for accurate disparity measurement and to identify potential reductions in the current racial/ethnic disparities of health and health care utilization for Maryland. Consistent race and ethnicity data collection across grantees will be important along with culturally sensitive implementation utilizing data collected through the **Maryland Health Improvement and Disparities Reduction Act of 2012**, to reduce disparities, improve access and health outcomes, and reduce costs and readmissions.

- Utilize the Patient Adversity Index (PAI) and the Area Deprivation Index (ADI) developed under the HSCRC Readmission Reduction Incentive Program.
- The PAI could provide uniformity with Medicaid serving as a socioeconomic indicator and ADI showing social care needs.

3. What measures should be used to establish a baseline to assess impact and monitor/evaluateperformance of the Pathways grantees?

- Average claims cost over the last 5 years prior to start of Pathways (to account for COVID-19 utilization changes)
- ED Utilization – 5-year look back average
- IP Utilization
- PQI 90 baseline
- Access to care - PCP

4. What forms of Technical Assistance should the CHRC provide to potential applicants andgrantees?

** Applicants that wish to apply as one Coalition during the Pathways phase would benefit from technical assistance on potential approaches to joint applications.

- Centralized communication structure for grant and data questions
- Initial training on uniform data collection and understanding of health disparities research as an emerging field
- Cultural competency training at the organizational level
  - Assess organizational readiness for Pathways
- Minimum of 2 site visits over 2-year period to answer questions and ensure data accuracy, trouble shoot any issues.

5. How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health(SDOH)/other barriers experienced by the population/community served?

- health outcomes of the population/community served
  - Include a qualitative evaluation component. When working across racial and ethnic groups and outside of the traditional power structure, data could be misinterpreted. Important to include authentic voice.
  - Include a measure component that takes into account both potential increase in appropriate utilization such as use of primary care, wellness visits and chronic disease management, while also looking at savings from avoided high-cost utilizations. Claims data alone does not present a true picture of avoided high-cost utilization due to appropriate care and prevention measures through a well-coordinated health ecosystem.
  - Look at the "who" and "how" of improved health outcomes. Make no assumptions.
- and Social Determinants of Health (SDOH)/other barriers experienced by the population/community served
  - Ideally this will be a measured part of the care team component.
  - Important to define SDOH as addressing root causes of health inequities.

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Questions for Public Comment

Written comments are due to the CHRC / HERC Advisory Committee by September 6, 2021, and may be submitted to: mdh.chrc@maryland.gov.

Name: Washina X. Ford Title: Director of Community Life for City View at McCulloh

Organization: The Community Builders, Inc.

Email Address: WFord@TCBINC.org

Date: September 3, 2021

1. **Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?**

I am replying on behalf of the *Integrated Complex Care at Home– Powered by SASH*™ (ICCH) initiative. We are a coalition of 7 organizations that have joined together to address systemic barriers to health and wellness in West Baltimore. The 7 organizations are the Maryland Primary Care Program, LifeBridge Health, and 5 community-based organizations: Bon Secours Community Works, the Housing Authority of Baltimore City, The Community Builders, Inc., Homes For America, and Enterprise Community Development, Inc. We seek additional partners. We believe a better coordinated, more participatory system that links health care to where people live is essential. We fully support a focus on broader health disparities as defined by the Maryland Health Equity Resource Act. Teams of Community Health Workers and Wellness Nurses embedded at housing sites have proven to extend the reach of primary care providers because they see the daily impact of social care needs on multiple chronic conditions. Whole system integration is needed to reduce health disparities.

2. **What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?**

The 7 ICCH partners have access to different data sources representing various points along the care continuum. The common denominator to our population health approach is that the residents in each panel, who live in nonprofit affordable housing sites or in the surrounding community, are also MDPCP and LifeBridge Health patients. The community-based housing partners collect extensive information that is often harder to collect and track from clinical settings, such as comprehensive demographic information including race and culture data, track social service referrals and collect some health-related data using service coordination data platforms. Housing organizations receiving HUD funding for Service Coordinators complete the Standards for Success (SfS) survey annually. SfS collects extensive resident information including utilization data, percentages of residents with behavioral health challenges, and chronic condition support needs. It also tracks move outs, and reasons for move outs, a proxy for housing instability.

The most relevant metrics for Pathways grantees are: difference in rates of hypertension, heart disease, asthma, diabetes, substance abuse, mental health disorder and mortality including life expectancy among older adults. These metrics will be collected from West Baltimore residents participating in ICCH.
All 7 ICCH partners will have a HIPAA compliant CRISP connection to allow integrated information sharing with primary care, hospital, and other partners on an as needed basis and for outcomes reporting.

3. **What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?**

The 7 ICCH organizations have been designing a health equity model for 2 years. We are ready to launch a coalition approach to systemic change now. We would like technical assistance from the CHRC on how to submit one application on behalf of the 7 organizations. We intend to add more partners during the 2-year Pathways phase in anticipation of applying for HERC funds; however, we would like to request Pathways funding to build our shared infrastructure and care management integration as one coalition rather than 7 individual organizations.

4. **Should Pathways applicants develop strategies to address non-medical Social Determinants of Health (SDOH)? If so, are there specific SDOH to highlight in the Call for Proposals?**

We suggest that Pathways distinguish between addressing SDOH by confronting the root causes of health inequity (such as the systemic reasons for a lack of affordable housing supply) rather than primarily addressing short-term social service needs. Both are important but if we are to improve health equity HERC's must go all the way upstream to the discriminatory policies that result in lack of housing, food deserts and premature death. We believe that the root cause of health inequity is a lack of voice for minority populations in the health care system, both in their individual care and at a population health level. Constraints on self-determination, lack of voice in decision-making and the absence of empowerment strategies built into the health care system are the primary non-medical SDOH we ask you to highlight in the Call for Proposals.

5. **How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?**

We believe that engagement techniques must be built into health systems on a continuous basis beginning with how each individual defines "improved health outcomes" for themself. That engagement should begin with the individuals experiencing inequities recognizing that individual needs change over time. Community-engagement should also include a cross-agency governance structure aimed at reforming the health care and housing institutions to better support population health – together. One indicator of genuine engagement of the community is granting the Pathways and HERC funds to community-based organizations.

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6. **What should be the review/selection criteria for the Pathways Call for Proposals? Preference to proposals likely to successfully transition to HERC funding due to existing cross-sector collaboration.**

Preference to proposals likely to successfully transition to HERC funding due to existing cross-sector collaboration.

Use of community-level and community-driven strategies to improve health equity and reduce health disparities.

The scope of systems change through a model with specific strategies to improve access to primary and secondary prevention services.

Ability to scale the model in urban and rural areas in Maryland.

Cross-sector commitment to improve the health outcomes called out in the legislation and listed in our answer to question #2.

Data sharing across sectors: ability to measure reduced health care costs particularly Medicare and Medicaid expenditures.

Existence of outcomes data demonstrating potential results for Maryland.

Use of proven evidence-based practices to reduce hospital admissions and re-admissions including reduction of avoidable EMT visits.

THE COMMUNITY BUILDERS

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TO: Jacqueline J. Bradley, MSN, MSS, CRNP, Chair, HERC Call for Proposals/Design Subcommittee

The Honorable Edward J. Kasemeyer, Chair, CHRC and HERC Advisory Committee

Mark Luckner, CHRC Executive Director

FROM: Washina X. Ford, Director of Community Life for City View at McCulloh, The Community Builders, Inc.

DATE: September 3, 2021

RE: Pathways Call for Proposals Eligibility Criteria

Thank you, Ms. Bradley for your leadership as Chair of the HERC Call for Proposals/Design Subcommittee. I am writing on behalf of a coalition of health care and housing providers that are aligned in the belief that: *a better coordinated, more participatory health care system that links health care to where people live is essential to health equity.*

As the Director of Community Life (Resident Services) for City View at McCulloh I observe the complex care needs of our residents every day, first-hand. After years of experiencing health inequity, our residents have high rates of diabetes, behavioral health challenges, and substance use disorders. We believe it is essential to our residents' wellbeing that housing providers are aligned together and become a part of the collaborative health care system. We have spent the past 2 years researching evidence-based practices and interviewing Baltimore stakeholders to decide on the best population health model to bring to scale in West Baltimore that is innovative, sustainable, and equitable. While the health care system is designed to provide episodic care, health equity is a continuous struggle requiring the longitudinal support of embedded nurses and Community Health Workers where people live.

Integrated Complex Care at Home – Powered by SASH™ - does just that. It is a collaboration between the Maryland Primary Care Program, LifeBridge Health, and five community-based organizations: Bon Secours Community Works, the Housing Authority of Baltimore City, Homes for America, Enterprise Community Development, Inc., and The Community Builders, Inc. We have spent the past two years designing this initiative. We are ready to implement beginning in West Baltimore. By having these eleven housing sites in West Baltimore as part of our integrated team, we are meeting an integral goal of the HERC, to ensure diverse representation from communities at every level.

For that reason, we request that the Call for Proposals allow cross-sector coalitions to submit one proposal, perhaps structuring your selection criteria to give priority to collective efforts. Coalitions are more likely to address root causes, reducing systemic barriers on a sustainable basis. Applying as one

group, rather than multiple individual organizations, will better enable a collective approach to narrow and close the disparity gap. We are the link to reducing cluster conditions such as Diabetes through diet and lifestyle change when working in partnership with health care partners. Truly integrated care systems foster the building of shared infrastructure fundamental to systems integration including shared protocols, cross-sector training, task sharing, and interoperable data systems.

We participated in the public comment process; however, we want to distinguish between review and selection criteria and who is eligible to apply. We request that multiple organizations be eligible to apply during the Pathways funding round at a funding level commensurate with a cross-sector project.

We welcome the opportunity to provide more information or discuss this with you further. On behalf of the Integrated Complex Care at Home initiative, please do not hesitate to contact me at WFord@TCBINC.org. Thank you very much for your consideration.

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Pathways Call for Proposals / Design Subcommittee
Questions for Public Comment

Written comments are due to the CHRC / HERC Advisory Committee by September 6, 2021, and may be submitted to: mdh.chrc@maryland.gov.

Name Johanna Fabian-Marks Title Director of Policy and Plan Management

Organization Maryland Health Benefit Exchange

Email Address johanna.fabian-marks@maryland.gov

Date 9/3/21

1. Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

The Maryland Health Benefit Exchange (MHBE) recommends that the Health Equity Resource Communities (HERCs) include specific focuses on diabetes, asthma, and hypertension/congestive heart failure. These chronic conditions have a significant, disproportionate impact on Black Marylanders, and also constitute some of the highest-cost conditions among individuals whose claims are reimbursed by the State Reinsurance Program (SRP). Focusing on these conditions is an opportunity for MHBE, the Community Health Resources Commission (CHRC), and the HERCs to work together on reducing both health disparities and health care costs.

The State Reinsurance Program aims to mitigate the impact of high-cost claims on premiums in the individual market and has reduced premium rates by more than 30 percent since 2019. The SRP took effect in 2019 and is funded by a combination of state-based health insurance provider fees and pass-through of federal dollars saved by the program. HB 463 of 2021 redirected $45 million of state funding from the SRP over 3 years to fund the Health Equity Resource Communities.

Insurance carriers participating in the SRP are required by COMAR 14.25.17.03(C) to submit annual reports on the most frequently occurring and highest cost conditions among the individuals whose claims are reimbursed by the SRP, as well as on care management efforts to improve health and reduce claim costs. In plan year 2019, diabetes, asthma/COPD, and

2. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

3. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

4. Should Pathways applicants develop strategies to address non-medical Social Determinants of Health (SDOH)? If so, are there specific SDOH to highlight in the Call for Proposals?

5. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

6. What should be the review/selection criteria for the Pathways Call for Proposals?

TO: Community Health Resources Commission, Maryland Department of Health

FROM: Johanna Fabian-Marks
Director of Policy and Plan Management
Maryland Health Benefit Exchange
johanna.fabian-marks@maryland.gov

RE: MHBE Comment on Pathways Grants

DATE: September 3, 2021

Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

The Maryland Health Benefit Exchange (MHBE) recommends that the Health Equity Resource Communities (HERCs) include specific focuses on diabetes, asthma, and hypertension/congestive heart failure. These chronic conditions have a significant, disproportionate impact on Black Marylanders,[1] and also constitute some of the highest-cost conditions among individuals whose claims are reimbursed by the State Reinsurance Program (SRP). Focusing on these conditions is an opportunity for MHBE, the Community Health Resources Commission (CHRC), and the HERCs to work together on reducing both health disparities and health care costs.

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Insurance carriers participating in the SRP are required by COMAR 14.25.17.03(C) to submit annual reports on the most frequently occurring and highest cost conditions among the individuals whose claims are reimbursed by the SRP, as well as on care management efforts to improve health and reduce claim costs. In plan year 2019, diabetes, asthma/COPD, and congestive heart failure were the second-, third-, and sixth-highest cost conditions to have had claims reimbursed by the SRP, respectively.

By directly targeting these specific conditions, HERC grantees could make health care more equitable and affordable for all Marylanders. Thank you for the opportunity to comment.

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[1] BRFSS Chronic Disease Burden Tables 2011-2019 Final.xlsx

[2] Health Equity Resource Community Act

JOHNS HOPKINS
UNIVERSITY & MEDICINE
Government and Community Affairs

Elizabeth Hafey, Esq.
Associate Director, State Affairs
Johns Hopkins University
September 3, 2021

Data & Program Evaluation Subcommittee Proposed Questions for Public Comment

1. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

- Current Data Sources (health care program-specific):
  - Program-related patient rosters – i.e. MDPCP attributed population, JHM-attributed Medicare Advantage
  - ACG risk of hospitalization
  - Hilltop PAU risk
  - CRISP discharge notifications and alerts
  - Medicare claims data analysis using CCLFs
  - EMR data – Epic SDOH Wheel

- Current Data Metrics: Claims-based utilization measures for Medicare Fee for Service beneficiaries attributed to our CTO:
  - Controlling High Blood Pressure (CMS165)
  - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (CMS122)
  - CAHPS Patient Experience Survey
  - Inpatient Hospital Utilization
  - Emergency Department Utilization

- **Proposed** Data sources for Pathways Grantees: (Recommend using community-level data for a small area geography)
  - MDH data for a given geography (consider zip code level and smaller areas such as census tracts where possible without compromising data security): infant mortality, life expectancy at birth, CVD related death, incident diabetes, diabetes HEDIS measures, overdose deaths (potentially aggregated over multi-year period), STI infection rates, suicide rates
  - CRISP data on primary care access/utilization – gaps in preventive care, immunization rates, BP control, other HEDIS measures, preterm births
  - All-Payor Claims data – pediatric ED visits, hospitalizations for ambulatory sensitive conditions
  - ACS data on employment rate, median household income, etc.
  - School absenteeism data (state Dept of Ed)
  - Crime data (DOJ, local police jurisdictions) with a focus on violent crimes or specifically homicide

2. What statewide measures should be used to demonstrate health disparities?
General recommendation for this program is to focus on fundamental drivers of health inequities and be less healthcare/hospital centric in identification of measures. Funding may be more meaningfully utilized to address fundamental drivers of healthcare disparities with a focus on prevention:

- Life expectancy at birth
- Infant mortality rate
- Preterm birth rate
- Homicide rate/violent crime rate
- Opioid overdose deaths (SIHIS)
- School absenteeism
- Suicide rates
- Employment/unemployment rate

3. What measures should be used to establish a baseline to assess impact and monitor/evaluate performance of the Pathways grantees?

- Population health measures from MDH (e.g., life expectancy at birth, infant mortality) and additional focus on primary care utilization and access related metrics (e.g. the HEDIS diabetes measures, immunization rates, even considering things like school absenteeism as an important barometer of child health and well-being, unemployment rates, median household income).

4. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

- Access to administrative data for key geographic predictors of poor health (e.g., SVI data), community-level administrative data for non-health sector outcomes (e.g., absenteeism rates, violent crime/homicide rates)
- Support on standardized measures and metrics from CRISP for all grantees with flexibility to expand for customization
- Support liaison with CRISP in platform enhancement and integration to obtain data

5. How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health (SDOH)/other barriers experienced by the population/community served?

- An approach focused on broadly experienced social drivers of health inequities, particularly if that is paired with an outcome analysis that similarly centers around social drivers of ill health and health inequities. See attached by Tom Frieden describing this concept in the "health Impact Pyramid". Also attached policy analysis in Health Affairs arguing for a focus on key social determinants of health domains to address health disparities.
- One potential indicator of program effectiveness that transcends disease-specific or utilization related measures could be a focus on social/economic conditions in a given geography. For example, poverty is a fundamental cause of poor health for children. Reducing neighborhood poverty rate, increasing employment rates, or other proxies for improved household socioeconomic position should be measured/tracked over time as an indicator of population health improvement. Similarly, consistent disparities in economic or social circumstances should be viewed as targets for intervention. In cases where these disparities narrow over time, a strong

argument can be made that disparities in the fundamental drivers of health disparities have occurred.

- Recommend a focus on process of care measures (e.g. HEDIS, immunization rates, preventive services encounters, etc.) as a way to assess intervention effectiveness in cases where the focus is on enhancing secondary prevention efforts aimed at reducing disparities.
- Similarly, violent crime rates, homicide rates, or other data related to policing can be used to track changes to the social environment over time that are strongly associated with negative health outcomes for the population overall and/or for youth in particular.

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September 3, 2021

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Pathways Call for Proposals/Design Subcommittee Proposed Questions for Public Comment:

1. Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

- Addressing fundamental drivers of health disparities should be the primary focus for the use of funds.

2. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

- Current Data Sources (health care program-specific):
  - Program-related patient rosters – i.e. MDPCP attributed population, JHM-attributed Medicare Advantage
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- Yes, this is likely the most effective focus area for community-health improvement and disparities reduction in many instances in contrast to a disease-specific approach (see comments above).

5. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

- Co-lead initiatives with community-based organizations
- Creation of/engagement of community advisory boards
- Close partnership with public health authorities in local geographies
- Partnership with local hospitals, health systems, payors

6. What should be the review/selection criteria for the Pathways Call for Proposals?

- Evidence-based or evidence-informed interventions are proposed that center health equity considerations

Maryland
Hospital Association

September 3, 2021

Mark Luckner
Executive Director
Community Health Resources Commission
PO Box 2347
Annapolis, MD 21404

Dear Mr. Luckner and Data and Evaluation Subcommittee Members:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to respond to the Subcommittee's questions.

MHA's priority legislation, the Maryland Health Equity Resource Act, recognizes the immediate need to improve longstanding health disparities exacerbated by the COVID-19 pandemic, while creating a sustainable effort to meaningfully improve the lives of the most underserved and under-resourced Marylanders. As the subcommittees, advisory group, and the Community Health Resources Commission (CHRC) develop the Pathways program, it is important to ensure these grants are aligned with the broader Health Equity Resource Communities (HERC) strategy.

The Health Enterprise Zone Pilot program was successful, yet one missed opportunity was the inability to plan and evaluate interventions prior to the program start. Due to the short nature of the grants, it also was challenging to pivot when interventions were less fruitful. The Health Equity Resource Act helps overcome that barrier by establishing the initial Pathways program. The purpose of the program is "to provide the foundation and guidance for a permanent Health Equity Resource Community program." While Pathways grants are shorter, and likely smaller than future HERC awards, successful grantees should be well positioned to transition into a Health Equity Resource Community. Pathways grants should enable potential HERC coalitions to create the infrastructure to meet the goals of the HERC program, test innovative approaches to improve the health of communities, and focus on the immediate needs of the population with a plan for long-term and sustainable change.

Below are answers to the specific questions outlined in the request for public comment.

What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

Maryland hospitals and health systems utilize multiple sources of data for strategic planning in quality improvement and population health management. These include patient level data from electronic medical records; hospital aggregate data available through CRISP, like hospital readmissions; and other publicly available data sets, such as disease prevalence.

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CHRC and the Advisory Committee should consider all available statewide data sources, as well as data available through public sources when considering the data infrastructure for the Health Equity Resource Communities programs. Like what was made available for Health Enterprise Zones, we recommend creating a public use file that all applicants can access, which shows standard data down to the ZIP code level.

Overall we encourage CHRC to prioritize alignment of HERC data strategy with the Maryland Department of Health's efforts to build a health equity data set as part of the Maryland Commission on Health Equity legislation.

What statewide measures should be used to demonstrate health disparities?

The Subcommittee should consider focusing on measures that indicate health care access challenges and looking at measures of community economic strain and other social determinants that contribute to health disparities. These could include unemployment, income, housing instability, educational attainment, and food insecurity.

As the Total Cost of Care Model matures, and the Health Services Cost Review Commission (HSCRC) takes a more focused look at population health and health equity we encourage the two commissions to collaborate where appropriate to leverage and align the considerable work underway.

What measures should be used to establish a baseline to assess impact and monitor/evaluate performance of the Pathways grantees?

The grant applicant should be required to determine the metrics based on the interventions the applicant proposes. Given the limited duration of the Pathways program, timely data availability to measure impacts, and the requirement for the CHRC to report on the potential for a Pathway grantee to evolve into a Health Equity Resource Community, CHRC should focus on process improvement measures that can be improved over two years.

What forms of technical assistance should CHRC provide to potential applicants and grantees?

CHRC should consider building a statewide data dashboard with the elements outlined in the legislation establishing the Maryland Commission on Health Equity. The Commission should also consider the feasibility of providing analytical support to potential applicants to help interpret statewide data and synthesize statewide data with the applicant's data.

How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health (SDOH)/other barriers experienced by the population/community served?

Program evaluation should focus on measures that can be meaningfully improved within the two-year grant period.

MHA appreciates the Commission's leadership to strengthen health equity in our state—a key priority for the state's hospitals and health systems. Please contact us if you need additional information.

Sincerely,

Erin Dorrien
Director, Government Affairs & Policy

Brian Sims
Director, Quality & Health Improvement

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Edward J. Kasemeyer, Chair; Mark Luckner, Executive Director

Health Equity Resource Communities
Data & Program Evaluation Subcommittee
Questions for public comment

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Name Robyn Elliott Title

Organization Maryland Community Health System

Email Address relliott@policypartners.net

Date 9/3/20

1. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

Data collection can often be very burdensome on providers. Currently, many providers have a variety of different reporting and data collection requirements. It is difficult to provide a full accounting of the many reporting requirements that providers may be required to follow because they can vary based on funding streams or regulatory requirements. The Commission should attempt to research the current data reporting streams to make data reporting as simple as possible. As an example, FQHC primarily report data to HRSA.

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2. What statewide measures should be used to demonstrate health disparities?

There are a variety of measures that could demonstrate health disparities. It would be helpful if the Commission used currently available data to identify health disparities experienced by the populations of interest to potential grantees (e.g., Medicaid population). One interesting potential measure is primary care provider utilization. MCOs often have many enrolled patients that haven ' t seen their primary care provider in the last year, which may place them at increased risk for certain health issues. There are many different reasons why an enrolled patient may not see their primary care provider, such as provider availability, transportation, health literacy, or system fragmentation. Maryland does a good job enrolling eligible individuals in Medicaid, but there are still many gaps in getting enrolled patients engaged in primary and preventive care.

3. What measures should be used to establish a baseline to assess impact and monitor/evaluate performance of the Pathways grantees?

Maryland has a very fragmented system of care, which makes it very difficult for marginalized communities to access care or stay consistently engaged in care. Although various measures could be used to measure the effect of a pathway grant, there should be an emphasis on building sustainable health care infrastructure. The focus should not be to put Band-Aids on health disparities but to build systems to provide care and support Marylanders in their community.

4. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

Data collection and analysis are often the biggest burdens for providers when trying to comply with the requirements of a grant. Any steps that the CHRC can take to assist with those processes or streamline them would likely help grantees do the best possible work.

5. How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health (SDOH)/other barriers experienced by the population/community served?

Improved clinical outcomes should be considered, but there should also be an emphasis on evaluating if an intervention increased access to care, resulted in people actually getting care, and increased social supports necessary to engage in care. These measures would also align with the General Assembly ' s goal of increasing access to primary care.

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Date 9/3/21

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It would be ideal for the state to coordinate the efforts of the HERC grants with other state efforts to address health disparities. For example, the work of HERC grantees could be aligned with the Statewide Integrated Health Improvement Strategy Proposal's goals of addressing issues related to diabetes, opioid use, and maternal and child health. By aligning the HERC grants with other ongoing work, the effect of interventions could be amplified, which would help build sustainable health infrastructure. This health infrastructure, in turn, could help the state meet its current goals and address future health issues. If the Commission does not provide guidance on priorities, HERC grants may result in fragmented interventions, which won't move the state towards a more defragmented and integrated community of care.

Additionally, if the Commission decides to target certain diseases, there will still be room for interventions targeting a wide variety of disparities. Chronic conditions often have many social determinants or upstream health issues that impact outcomes. Therefore, the General Assembly's goal of allowing for a broad variety of interventions could still be met even if the Commission decides to target certain conditions. If the Commission is uncomfortable targeting specific conditions, then consideration should be given to a scoring preference for proposals seeking to address health goals already identified by the state.

2. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

Data collection can often be very burdensome on providers. Currently, many providers have a variety of different reporting and data collection requirements. It is difficult to provide a full accounting of the many reporting requirements that providers may be required to follow because they can vary based on funding streams or regulatory requirements. The Commission should attempt to research the current data reporting streams to make data reporting as simple as possible. As an example, FQHC currently uses the Uniform Reporting System to report data to SAMHSA.

3. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

Data collection and analysis are often the biggest burdens for providers when trying to comply with the requirements of a grant. Any steps that the CHRC can take to assist with those processes or streamline them would likely help grantees do the best possible work.

4. Should Pathways applicants develop strategies to address non-medical Social Determinants of Health (SDOH)? If so, are there specific SDOH to highlight in the Call for Proposals?

Addressing social determinants of health is key to addressing health inequities. Currently, it is challenging for providers to get reimbursement for work seeking to address social determinants of health. There are many important social determinants of health that grantees could seek to address. However, there should be an emphasis on interventions that help engage people in care and invest in community-based health infrastructure.

5. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

Community involvement is an essential aspect of addressing inequities. However, large institutions often have better access to funding and a more significant influence on decision-making. In evaluating grant proposals, the Commission should consider whether proposals make it clear that all grant partners will have access to the decision-making process and funding, especially grant partners working with the community. This will help ensure that community-based providers are not co-opted by larger institutions and that funding is actually supporting community-based health infrastructure.

6. What should be the review/selection criteria for the Pathways Call for Proposals?

Proposals should be evaluated using an objective numerical scoring system. There should be a priority on proposals that can demonstrate a readiness to begin work without significant planning time. For example, it would be ideal for potential grantees to show established partnerships and formal agreements on who will provide services as a part of their grant. Additionally, proposals that seek to invest in sustainable and community-based health infrastructure and show that all partners will have equitable funding support should be prioritized.

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Organization Maryland Dental Action Coalition

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2. What statewide measures should be used to demonstrate health disparities?

There are a variety of important health disparities that grantees could address. We want to encourage consideration of dental-related health disparities. Possible metrics that could highlight dental health disparities are access to dental coverage or providers and dental-related emergency room visits for non-traumatic dental conditions. Many of the social determinants of health that are relevant to other health disparities are relevant to dental health (e.g., access to reliable transportation, access to healthy food, health literacy, and availability of providers).

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It would be ideal for the state to coordinate the efforts of the HERC grants with other state efforts to address health disparities. For example, the work of HERC grantees could be aligned with the goals of the Statewide Integrated Health Improvement Strategy Proposal. By aligning the HERC grants with other ongoing work, the effect of interventions could be amplified. MDAC has worked specifically on supporting the goals of the State ' s efforts toward addressing diabetes, cancer, hypertension, and maternal health from a population health perspective.

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In order to address health inequities in a sustained way, we must work to address social determinants of health. Many social determinants of health impact dental health, and the specific social determinants that impact a community the most may differ between communities. Grantees should be permitted to address the social determinants of health that have the most significant impact on their community.

5. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

Community involvement is an essential aspect of addressing inequities. However, large institutions sometimes have better access to funding and a larger influence on decision-making. In evaluating grant proposals, the Commission should consider whether proposals make it clear that all grant partners will have access to the decision-making process and funding, especially community-based grant partners that may have strong relationships with marginalized communities.

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Organization Moveable Feast

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Data collection can often be very burdensome for providers. Currently, many providers have a variety of different reporting and data collection requirements. It is difficult to provide a full accounting of the many reporting requirements that providers may be required to follow because they can vary based on funding streams or regulatory requirements. The Commission should attempt to research the current data reporting streams to make data reporting as simple as possible. Our program currently does a lot of work with CRISP, so it would be beneficial if reporting requirements could build on that current work. Additionally, we now use outcomes and screening questions adapted from tools such as PROMIS, Accountable Health Communities, and HCAHPS.

2. What statewide measures should be used to demonstrate health disparities?

There are a variety of measures that could demonstrate health disparities. It would be helpful if the Commission used currently available data to identify health disparities experienced by the populations of interest to potential grantees (e.g., Medicaid population). Looking at various disease indicators could help identify potential disparities and measure results related to chronic disease (e.g., A1C, blood pressure, blood lipids). However, more client-driven measures of social determinants such as food insecurity or patient satisfaction should be considered.

3. What measures should be used to establish a baseline to assess impact and monitor/evaluate performance of the Pathways grantees?

Maryland has a very fragmented system of care, which makes it very difficult for marginalized communities to consistently access needed resources. Although various measures could be used to measure the effect of a pathway grant, there should be an emphasis on building sustainable health care infrastructure. The focus should not be to put Band-Aids on health disparities but to build systems to provide care and support Marylanders in their community. In our work, we often struggle with matching clients to appropriate referrals because of the fragmentations of the system, and it can be particularly difficult to find funding for referrals. If the Commission can look at ways to measure some of these system-level integration issues, it could go a long way to helping access gaps for patients.

4. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

Data collection and analysis are often the biggest burdens for providers when trying to comply with the requirements of a grant. Any steps that the CHRC can take to assist with those processes or streamline them would likely help grantees do the best possible work.

5. How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health (SDOH)/other barriers experienced by the population/community served?

Looking at clinical outcomes such as diabetes measures or recent hospital admissions may be valuable, but more patient-driven measures should also be considered. It can sometimes be difficult to always know what specific SDOH barriers are the most significant for certain patients. Using patient-completed screenings for things like food insecurity or satisfaction could help the Commission better understand the real impact that grantees are having in patients ' lives.

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MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

STATE OF MARYLAND
Community Health Resources Commission
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Edward J. Kasemeyer, Chair; Mark Luckner, Executive Director

Health Equity Resource Communities
Pathways Call for Proposals / Design Subcommittee
Questions for Public Comment

Written comments are due to the CHRC / HERC Advisory Committee by September 6, 2021, and may be submitted to: mdh.chrc@maryland.gov.

Name Robyn Elliott Title

Organization Moveable Feast

Email Address relliott@policypartners.net

Date 9/3/21

1. Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

It would be ideal for the state to coordinate the efforts of the HERC grants with other state efforts to address health disparities. For example, the work of HERC grantees could be aligned with the goals of the Statewide Integrated Health Improvement Strategy Proposal, including addressing chronic diseases such as diabetes. By aligning the HERC grants with other ongoing work, the effect of interventions could be amplified.

2. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

Data collection can often be very burdensome for providers. Currently, many providers have a variety of different reporting and data collection requirements. It is difficult to provide a full accounting of the many reporting requirements that providers may be required to follow because they can vary based on funding streams or regulatory requirements. The Commission should attempt to research the current data reporting streams to make data reporting as simple as possible. Our program currently does a lot of work with CRISP, so it would be beneficial if any reporting could be built off that current work.

3. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

Data collection and analysis are often the biggest burdens for providers when trying to comply with the requirements of a grant. Any steps that the CHRC can take to assist with those processes or streamline them would likely help grantees do the best possible work.

4. Should Pathways applicants develop strategies to address non-medical Social Determinants of Health (SDOH)? If so, are there specific SDOH to highlight in the Call for Proposals?

Social determinants of health, such as access to healthy food, significantly impact health outcomes. Improving access to care is important, but patients need holistic support to be able to access available care or to be able to get the most benefit from the provided care. We recommend highlighting food, housing and transportation in the call for proposals as we see those as the biggest challenges our clients face in this area.

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5. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

Community involvement is an essential aspect of addressing inequities. However, large institutions often have better access to funding and a more significant influence on decision-making. In evaluating grant proposals, the Commission should consider whether proposals make it clear that all grant partners will have access to the decision-making process and funding, especially grant partners working with the community. This will help ensure that larger institutions do not co-opt community-based providers and that funding supports community-based health infrastructure. It is also critical that program participants are engaged by the grantee in the decision-making process in a meaningful way. Some level of client or participant engagement should be demonstrated in any grant proposal.

6. What should be the review/selection criteria for the Pathways Call for Proposals?

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Data & Program Evaluation Subcommittee
Questions for public comment

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Name Robyn Elliott Title

Organization American College of Nurse-Midwives

Email Address relliott@policypartners.net

Date 9/3/20

1. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

2. What statewide measures should be used to demonstrate health disparities?

There are a variety of important health disparities that could be addressed by HERC grantees. In particular, there are several important health disparities related to maternal and child health. Some possible measures that should be considered are:
Maternal mortality and morbidity rate
Low birth weight rates
Cesarean section rate
Preterm birth rate
Short interval pregnancy
Distance to nearest prenatal provider
Access to comprehensive family services
Maternal substance use issues, including overdose

Grants seeking to address maternal health issues will also align with the Statewide Integrated Health Improvement Strategy Proposal's goal of improving maternal health. This will allow grantees to amplify the work that is already ongoing and get the state closer to meeting its goals .

3. What measures should be used to establish a baseline to assess impact and monitor/evaluate performance of the Pathways grantees?

Several important clinical outcomes could be used to measure performance (e.g., low birth weight, mortality and morbidity rates, infant mortality), but it is important to consider measures of broader access issues. Interventions that increase access to providers, such as Certified Nurse Midwives and Certified Midwives, and improve access to comprehensive family planning services have significant long-term benefits even if clinical outcomes are not immediately responsive to the intervention.

4. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

5. How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health (SDOH)/other barriers experienced by the population/community served?

It would be ideal for the state to coordinate the efforts of the HERC grants with other state efforts to address health disparities. For example, the work of HERC grantees could be aligned with the goals of the Statewide Integrated Health Improvement Strategy Proposal. By aligning the HERC grants with other ongoing work, the effect of interventions could be amplified.

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Name Robyn Elliott Title

Organization American College of Nurse-Midwives

Email Address relliott@policypartners.net

Date 9/3/21

1. Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

A targeted focus on specific chronic diseases risks leaving out potential high-quality interventions targeting other important health disparities, such as maternal health. Grantees should be encouraged to look at the health disparities occurring in their community instead of being forced to make their data and intervention match disease targets mandated by the Commission.

2. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

3. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

4. Should Pathways applicants develop strategies to address non-medical Social Determinants of Health (SDOH)? If so, are there specific SDOH to highlight in the Call for Proposals?

Addressing issues related to social determinants of health is key to making real progress towards alleviating health disparities. Maternal health outcomes are significantly intertwined with social determinants of health such as transportation, race, food access, environment and poverty. Although clinical interventions are important, there should also be an effort to address the needs of patients regarding social determinants of health.

5. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

Community involvement is an essential aspect of addressing inequities. However, large institutions often have better access to funding and a more significant influence on decision-making. In evaluating grant proposals, the Commission should consider whether proposals make it clear that all grant partners will have access to the decision-making process and funding, especially grant partners working with the community. This will help ensure that larger institutions do not co-opt community-based providers and that funding supports community-based health infrastructure.

6. What should be the review/selection criteria for the Pathways Call for Proposals?

In evaluating proposals, there should be consideration of a grant's ability to make a sustainable impact. For example, investments in developing a Certified Nurse Midwives and Certified Midwives workforce in a community will have a longer-term effect than providing transportation vouchers to see providers in a different community.

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Name Eric Crowder and Tamiko Stanley Title EC: Asst. Gen. Counsel TS: Chief Diversity and I

Organization Luminis Health, Inc.

Email Address ecrowder@aahs.org; tstanley1@aahs.org

Date 9/3/21

1. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

Luminis Health, Inc. has access to the Maryland state-designated health exchange, CRISP, through which it can access data pertaining to its delivery of health care across the continuum of care. Further, as of January 1, 2021, all providers and facilities within Luminis Health use Epic as its electronic medical records system. Other relevant data would include benchmarks and more detailed statewide health disparities information for continued comparative analysis.

2. What statewide measures should be used to demonstrate health disparities?

Luminis Health believes health disparities are largely a function of inequitable access to quality health care across socioeconomic groups. Other social determinants of health lead to health disparities, including but not limited to unemployment rates, education opportunities and achievement levels within certain geographic areas, and housing status. In addition, patient experience, patient outcomes and standard quality metrics (I.e; ED wait times, readmissions etc.) stratified by race and ethnicity should be used to identify and demonstrate disparities.

3. What measures should be used to establish a baseline to assess impact and monitor/evaluate performance of the Pathways grantees?

Luminis Health believes Pathways grantees should be given wide discretion to establish a baseline from which to assess the impact of the grantees' respective programs; including individual system and facility specific disparities in quality measure- And- the improvement in patient outcomes and progress towards goals that illustrate a reduction or elimination in disparities and an increase in the satisfaction of patient care amongst diverse demographics.

4. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

Luminis Health would benefit from a statewide data dashboard showing grantees' programs and briefly describing each program's mission.

5. How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health (SDOH)/other barriers experienced by the population/community served?

Program evaluation should assess whether a grantee's program has the potential to be transformed into a longer-term program recipient of a Health Equity Resource Community award.

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Name Rachel Mandel MD MHA Title

Organization Community Based Consultant

Email Address rachelmandelmd@gmail.com

Date 9/5/21

1. Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

Pathways should absolutely be permitted to focus on broader health disparities. Each community has its own profile and challenges. The guidance that was used to determine which entities could receive the HEZ monies was too limited and narrow. Communities are heterogenous, but there are certain overarching needs that can be addressed with this grant.

Especially with the pandemic experience, communities have a much better idea as to what gaps exist both before and after the acute phase of the pandemic. If this grant is to truly have the impact that is intended, the communities must have the latitude to identify their most pressing short and long term needs.

2. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

Different data is available to different organizations, public and private. As a consultant to a community based organization, it is frustrating that there isn't access to the same data as the health department or hospital. Some public data is available, but it is usually outdated.

Real time data, available in a manner that is understandable and usable is critical. Current COVID data is helpful, but long term data around demographics and chronic disease management is key. Partners may have data within their organizations, but it typically can't be shared due to technical issues with interfaces and concerns around privacy.

An example of how difficult this is, is the example of the Annual Frederick County Health Fair. It is sponsored every year by one of the CBOs with support of the hospital and other partners. The clients are underserved, underinsured and with uncontrolled chronic diseases. The clients are diagnosed with diabetes or blood pressure issues at the fair and referred to a safety net clinic or Mission of Mercy, but there is no current way to share data or understand if the outcomes improved with the intervention. A great deal fo work goes into the diagnosis, but we can't follow the progress and know if the work achieved the desired goal.

3. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

The technical assistance should include ways to strengthen collaborations and partnerships in every way that improves the process that is being undertaken. There should also be education around continuous improvement methods and techniques.

We need ways to gather and look at the same data, and share results. A collective impact approach would be helpful with support of any initiative with a backbone organizational structure to keep track of the effort and keep people accountable for their part in the initiative.

4. Should Pathways applicants develop strategies to address non-medical Social Determinants of Health (SDOH)? If so, are there specific SDOH to highlight in the Call for Proposals?

Yes.
All of the typical ones to include geography, transportation, culture/language gaps, food insecurity, workforce development and insurance.

5. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

The collective needs to commit to a common goal and explain the mutually reinforcing activities as well as the metrics that will be utilized. Each organization engaged in the grant needs to explain their part, and how they will contribute and be accountable for results.

There should be an outline of a governance and operational structure.

6. What should be the review/selection criteria for the Pathways Call for Proposals?

Is it possible to achieve? Does it meet the requirements for the money? Who hasn't been given money before, or who needs to build on the success of a prior initiative? Some type of rubric that takes these into account could be used.

The prior recipients of the HEZ money should not be prioritized. Everyone should start at the same level to be fair.

It is important that the money be spread throughout the state in a responsible manner with attention towards health inequities and prior work that would have been more successful if funded adequately.

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Maryland

mdh chrc -MDH- <mdh.chrc@maryland.gov>

Public comments

1 message

Rachel Mandel <rachelmandelmd@gmail.com> Tue, Sep 7, 2021 at 12:27 PM
To: mdh.chrc@maryland.gov
Cc: Mark Luckner -MDH- <mark.luckner@maryland.gov>

Good morning,
I've been thinking about this issue of data, project alignment and the RFP since the meeting this morning ended. I have some additional thoughts that I didn't express clearly enough in my formal public response.

I can see both sides of the discussion. We want the grantees to have flexibility in what they submit and implement, but we need to be able to follow the data to know if the work is meaningful and successful.

We also know that many data systems don't interface well and that collecting granular data is difficult and many times not reliable, especially at the zip code level.

For example, Washington County has a "Go For Bold" initiative whose goal is for county residents to lose 1 million pounds by 2030. The intent is to accomplish this goal by promoting healthy lifestyles. No one would argue that this is a good idea, and will positively impact health outcomes to include diabetes and cardiovascular disease, but how will they measure the progress? How do they know how many pounds are lost? Is it self reported? By 2030 it is possible that they may see some changes in health outcomes, but how will they be able to change processes along the way if they are not getting the results they want to achieve along the way? Data needs to be current and accessible.

The complexity of the situation almost requires a simplification of the process, and perhaps the RFP guidelines and requirements.

Is it possible to start with the data that we know we have, that we can track at the zip code level? We can look at indicators that are important to every county on some level, and then allow the applicants to consider how they customize their project proposal to achieve those goals. We ask them to align around a mutual goal, but they can pursue it in whatever way makes sense in their community by implementing mutually reinforcing activities between a collaboration of partners (collective impact).

For example, if the metric is to decrease pediatric asthma visits to the ED, a community can decide how they want to approach it, whether the approach is clinical or at a social determinant of health level or both. We can provide medications for the families, implement school based programs or we can work on social determinants that predispose to kids ending up in the ED whether it be transportation challenges to the pediatrician, smoking, home environments or lack of education.

Communities can present other data that they want to collect to show success, but if those are not verifiable or granular enough, then they shouldn't be part of the major portion of the grant report. This data could be supportive but not the primary data point.

I think there is a way to offer the applicants a menu of options that will meet the needs of the legislation, the Office of Minority Health, the Commission and still allow enough flexibility in the process so that applicants can address individualized community needs.

If you would like to discuss this further, I would be willing to make myself available.

Thank you for your time,
Rachel Mandel, MD MHA

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Name Joanna Diamond Title Director of Public Policy

Organization Health Care for the Homeless

Email Address jdiamond@hchmd.org

Date 9/6/20

1. Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

2. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

3. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

4. Should Pathways applicants develop strategies to address non-medical Social Determinants of Health (SDOH)? If so, are there specific SDOH to highlight in the Call for Proposals?

Yes. From our earliest days, we at Health Care for the Homeless (HCH) have known that the clients we serve need to be housed in order to get and stay healthy. Your home is the most powerful determinant for how long you will live and what quality of life you'll have. The services that we offer to clients do not falter from this principle. As an example, HCH has been a participating entity in Maryland Medicaid's Assistance in Community Integration Services (ACIS) Pilot program. We are a service provider for people formerly experiencing homelessness and living in permanent supportive housing. Through our permanent supportive housing work, and the ACIS program in particular, overall we see reductions in hospitalizations, improvements in mental health symptoms, and reductions in the stress associated with living on the streets or in shelter. This is a clear example of a strategy to address non-medical Social Determinants of Health that should be considered in the development of the call for proposals.

5. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

6. What should be the review/selection criteria for the Pathways Call for Proposals?

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Name Nancy Rosen-Cohen Title Executive Director

Organization NCADD-Maryland

Email Address nancy@ncaddmaryland.org

Date 9/6/20

1. Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

It would make sense for the state to coordinate the efforts of the HERC grants with other state efforts to address health disparities. The work could be aligned, for example, with the Statewide Integrated Health Improvement Strategy Proposal's goals of addressing issues related to diabetes, opioid use, and maternal and child health. This integration could lead to more sustainable efforts and increase measurable success.

Regardless of how specific chronic diseases are prioritized, we urge the State to make it clear that disparities in access to substance use disorder and mental health treatment services be included. The current crises in opioid overdose deaths and suicides demand a response, especially in addressing inequities across the state.

2. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

3. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

4. Should Pathways applicants develop strategies to address non-medical Social Determinants of Health (SDOH)? If so, are there specific SDOH to highlight in the Call for Proposals?

Yes. Addressing social determinants of health is key to addressing health inequities. Currently, it is challenging for providers to get reimbursement for work seeking to address social determinants of health and these funds would be ideal. There are many important social determinants of health that grantees could seek to address, including housing, income and employment assistance, and access to healthy food.

5. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

6. What should be the review/selection criteria for the Pathways Call for Proposals?

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Name Erin Schurmann Title Chief, Provider Alignment

Organization Health Services Cost Review Commission

Email Address erin.schurmann@maryland.gov

Date 9/7/21

1. Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

The Statewide Integrated Health Improvement Strategy (SIHIS) focuses on four main population health priority areas: diabetes, opioid use, severe maternal morbidity, and childhood asthma, all of which have significant health disparities. Pathways applicants should aim to align their proposals with these SIHIS priority areas to support population health improvement efforts under the Total Cost of Care Model.

Through the hospital rate setting system, the HSCRC funds the Regional Partnership Catalyst Program and the Maternal and Child Health Population Health Improvement Fund which align with the population health goals of SIHIS. Programmatic alignment between state agencies is crucial to achieving the goals of SIHIS and reducing health disparities across each of the population health priority areas.

2. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

HSCRC requires grantees to self-report on select process measures for each of the five special funding programs the HSCRC administers. Examples of self-reported data include number of patients touched, types and # of services provided, and types and volumes of community outreach events. Funding recipients can also provide data on additional measures they believe demonstrate progress towards program goals.

HSCRC is able to independently measure some process metrics using hospital claims data, Medicare and Medicaid claims data, and existing CRISP data. HSCRC may work with an independent evaluator to measure outcomes for certain special funding programs. Programs such as the Regional Partnership Catalyst Program may not show quantifiable outcomes for multiple years, so this is a long-term endeavor. In the meantime, HSCRC has focused on using process measures as indicators of success.

3. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

HSCRC prioritizes providing as much technical assistance as possible to ensure program success. Staff have focused on facilitating relationships and making connections to support provider engagement and long-term program sustainability. Staff have found that creating forums to introduce grantees to potential partners and subject matter experts is a valuable form of technical assistance. Additionally, staff have prioritized identifying and sharing external resources (e.g. webinars, potential consulting services) that grantees might not otherwise be aware of.

4. Should Pathways applicants develop strategies to address non-medical Social Determinants of Health (SDOH)? If so, are there specific SDOH to highlight in the Call for Proposals?

Yes. Staff supporting the management of SIHIS are currently discussing SDOH prioritization to guide interventions that will have the greatest impact across all SIHIS population health priority areas. Staff conducted an initial shared risk and protective factors analysis and identified a list of SDOHs that impact most or all of the SIHIS population health priority areas: housing instability, economic and financial stability, access to health care (e.g. provider access, transportation), community-based financial and economic stability, and structural racism. Transportation and food insecurity are additional SDOH that were recommended to be added to the initial list of shared risk and protective factors.

5. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

In the HSCRC Regional Partnership Catalyst Program RFP, applicants were required to explain their governance structure and decision making process. In some cases, Regional Partnerships provided organization charts in their proposals that illustrated where community partners had the greatest influence on decisionmaking or were participants in committees. Staff found these helpful in determining the significance of community partners as part of the broader program design.

Additionally, applicants were required fill out a table with information on each community partner. Regional Partnerships were required to provide the following on each community partner:

1. Name of Collaborator
2. Type of Organization (e.g. non-profit, faith-based organization, local health improvement coalition)
3. Amount and Purpose of Direct Financial Support (if any)
4. Type and Purpose of In-Kind Support (if any)
5. Type and purpose of Resource Sharing Arrangements (if any)
6. Roles and Responsibilities

6. What should be the review/selection criteria for the Pathways Call for Proposals?

1. Alignment with the population health priority areas under SIHIS
2. Meaningful collaboration with community partners
3. Potential impact on key SDOH

STATE OF MARYLAND
Community Health Resources Commission
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Larry Hogan, Governor; Boyd Rutherford, Lt. Governor;
Edward J. Kasemeyer, Chair; Mark Luckner, Executive Director

Health Equity Resource Communities
Pathways Call for Proposals / Design Subcommittee
Questions for Public Comment

Written comments are due to the CHRC / HERC Advisory Committee by September 6, 2021, and may be submitted to: mdh.chrc@maryland.gov.

Name Nora Hoban Title Chief Executive Officer

Organization Mid-Atlantic Association of Community Health Centers

Email Address nhoban@machc.com

Date 9/8/21

1. Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

Either could be beneficial.

2. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

FQHCs, or community health centers, are required to submit performance metrics to the federal government annually. Each year, HRSA makes efforts to ensure measures are collected in a meaningful way, aligned with eCQMs, and annual training is provided to all providers.
Measures include:
Diabetes Control (HbA1C > 9%)
Hypertension BP Control (BP < 140/90)
Access to Prenatal Care (First Prenatal Visit in 1st Trimester)
Childhood Immunizations
Cervical Cancer Screening
Colorectal Cancer Screening
Dental Sealants for Children
Low Birth Weight

3. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

Answer clarifying questions seems fine, but it seems like all applicants should receive the benefits of any assistance the committee would give to one applicant. Possibly publicly post Q&As or update guidance as questions arise to ensure a level playing field.

4. Should Pathways applicants develop strategies to address non-medical Social Determinants of Health (SDOH)? If so, are there specific SDOH to highlight in the Call for Proposals?

Seems reasonable to have SDOH as part of the proposals. I don't think there is a need to highlight specific ones as it should come out as part of the program proposal. For example, in the description of how applicants reach different patient populations, an applicant may discuss their plans of using mobile vans to expand reach to screening services.

5. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

Possibly by measuring number of outreaches to the public, number of attendees and/or comments submitted. Surveys could help too.

6. What should be the review/selection criteria for the Pathways Call for Proposals?

1. Data that supports a significant vulnerable patient population need
2. Identified point of entry where the applicant can influence delivery of social or medical services
3. Use of evidence-based practices and/or a new intervention with measurable goals

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Edward J. Kasemeyer, Chair; Mark Luckner, Executive Director

Health Equity Resource Communities
Data & Program Evaluation Subcommittee
Questions for public comment

Written comments are due to the CHRC / HERC Advisory Committee by September 3, 2021, and may be submitted to: mdh.chrc@maryland.gov.

Name Nora Hoban Title Chief Executive Officer

Organization Mid-Atlantic Association of Community Health Centers

Email Address nhoban@machc.com

Date 9/8/21

1. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

FQHCs, or community health centers, are required to submit performance metrics to the federal government annually. Each year, HRSA makes efforts to ensure measures are collected in a meaningful way, aligned with eCQMs, and annual training is provided to all providers.
Measures include:
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Cervical Cancer Screening
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Low Birth Weight

4. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

Answer clarifying questions seems fine, but it seems like all applicants should receive the benefits of any assistance the committee would give to one applicant. Possibly publicly post Q&As or update guidance as questions arise to ensure a level playing field.

5. How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health (SDOH)/other barriers experienced by the population/community served?

More controlled chronic conditions, access to essential screenings such as cancer, behavioral health, etc. and connections to services that could address social needs. eCQMs would be helpful where appropriate. Baseline and performance data should be stratified along race, income, and other variables where a disparity has been identified to show improvement over time.

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Maryland
Hospital Association

September 9, 2021

Mark Luckner
Executive Director
Community Health Resources Commission
PO Box 2347
Annapolis, MD 21404

Dear Mr. Luckner and Data and Evaluation Subcommittee Members:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to respond to the Subcommittee's questions.

MHA's priority legislation, the Maryland Health Equity Resource Act, recognizes the immediate need to improve longstanding health disparities exacerbated by the COVID-19 pandemic, while creating a sustainable effort to meaningfully improve the lives of the most underserved and under-resourced Marylanders. As the subcommittees, advisory group, and the Community Health Resources Commission (CHRC) establish the Pathways program, it is important to ensure these grants align with the broader Health Equity Resource Communities (HERC) strategy.

The Health Enterprise Zone Pilot program was successful, yet one missed opportunity was the inability to plan and evaluate interventions prior to the program start. Due to the short nature of the grants, it also was challenging to pivot when interventions were less fruitful. The Health Equity Resource Act helps overcome that barrier by establishing the initial Pathways program. The purpose of the program is "to provide the foundation and guidance for a permanent Health Equity Resource Community program." While Pathways grants are shorter, and likely smaller than future HERC awards, successful grantees should be well positioned to transition into a Health Equity Resource Community. Pathways grants should enable potential HERC coalitions to create the infrastructure to meet the goals of the HERC program, test innovative approaches to improve the health of communities, and focus on the immediate needs of the population with a plan for long-term and sustainable change.

Below are answers to the specific questions outlined in the request for public comment.

Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

Applicants should be empowered to focus on improving the lives of their communities based on the competencies of the coalition. Inevitably a coalition will be required to focus on both chronic diseases and broader health disparities, as the focus on one will lead to the discovery of another.

What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

Maryland hospitals and health systems utilize multiple sources of data for strategic planning in quality improvement and population health management. These include patient level data from electronic medical records; hospital aggregate data available through CRISP, like hospital readmissions; and other publicly available data sets, such as disease prevalence.

CHRC and the Advisory Committee should consider all available statewide data sources, as well as data from public sources when considering the data infrastructure for Health Equity Resource Communities programs. Like what was made available for Health Enterprise Zones, we recommend creating a public use file that all applicants can access, which shows standard data down to the ZIP code level.

Overall we encourage CHRC to prioritize alignment of HERC data strategy with the Maryland Department of Health's efforts to build a health equity data set as part of the Maryland Commission on Health Equity legislation.

What forms of technical assistance should the CHRC provide to potential applicants and grantees?

CHRC should consider building a statewide data dashboard with the elements outlined in the legislation establishing the Maryland Commission on Health Equity. The Commission should also consider the feasibility of providing analytical support to potential applicants to help interpret statewide data and synthesize statewide data with the applicant's data.

Should Pathways applicants develop strategies to address non-medical social determinants of health (SDOH)? If so, are there specific SDOH to highlight in the call for proposals?

Yes, applicants should develop strategies to address non-medical social determinants of health. The SDOH domains the applicants choose to focus on should be determined by the needs of their specific community and capacity of the coalition.

How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

Applicants could be encouraged to include letters of support from community leaders. The HERC legislation requires the inclusion of community-based organizations (CBO) that provide wrap around services to be considered for a HERC award. The Pathways program could require engagement of specific CBOs that would become full members of the coalition if the Pathways award converts to a HERC.

What should be the review/selection criteria for the Pathways call for proposals?

Review and selection criteria should evaluate components of a proposal that can be meaningfully improved within the two-year grant period. The selection committee should also evaluate the

proposal's potential to evolve into a full HERC. Lastly, the selection criteria should consider innovative approaches to address health disparities and improve health equity.

MHA appreciates the Commission's leadership to strengthen health equity in our state—a key priority for the state's hospitals and health systems. Please contact us if you need additional information.

Sincerely,

Erin Dorrien
Director, Government Affairs & Policy

Brian Sims
Director, Quality & Health Improvement

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Pathways to Health Equity Program
Call for Proposal
Data & Program Evaluation Design
Subcommittees Questions for Public Comment

Written comments are due to the CHRC / HERC Advisory Committee by September 14, 2021 and may be submitted to: mdh.chrc@maryland.gov.

Name: Stephanie Klapper Title Deputy Director

Organization Maryland Health Care for All! Coalition Email Address: stephanie@healthcareforall.com

Supplement to Previous Comments

Date: 9/10/21

1. Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

2. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

3. What statewide measures should be used to demonstrate health disparities?

In the long-term, it is helpful to reflect on the Health Enterprise Zone (HEZ) Program on which the pathways and HERC programs are based. Rather than selecting outcomes measures to assess all of the zones across the board based on specific conditions, they used global measures of hospitalizations and ED visits for a number of diseases/conditions (preventable conditions using the PQI overall composite and an 'HEZ-related conditions' composite) at the zip code level. This makes sense because one of the goals that all of the communities will have in common is working to bring health providers (for example, primary care, dental, behavioral health) and community health workers into the community, thus helping people get care in their communities instead of in hospitals, and to improve the quality and scope of care by providing wrap-around and other services to address social determinants of health. This is exactly what we saw happen during the HEZ Program, which resulted in millions of dollars of cost savings. Making these kinds of measures part of the evaluation of all of the communities in the long term would help us get data on important outcomes without being overly prescriptive on what the communities should focus.
To be clear, the global measures will be most helpful in the long-term as the HERC program gets underway. Two years is likely not enough time to significantly move the needle on these measures, which is why process measures will be so important for the Pathways Grantees (see next question).

4. What measures should be used to establish a baseline to assess impact and monitor/evaluate performance of the Pathways grantees?

The Pathways grants are for only two years, and it will take time for programs to get off the ground and then more time to impact outcomes in a measurable way. Therefore process measures will be important during this time, and those process measures should include measuring capacity-building on data collection within the communities so that they are ready for more robust data collection when/if they become Health Equity Resource Communities.

5. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

Communities need to know what kind of high-quality data already exists, at the zip code level and at the program level for 'touched' populations, which they can use to choose their priorities and measure outcomes. Perhaps CHRC, in collaboration with CRISP, MDH, and other state agencies can create a "menu" of the kinds of data that exist to help empower communities to create their data collection methodologies. Communities also need to know what data does not currently exist because they may need to come up with their own methodologies to collect some of this data, again with technical assistance from the state. State researchers with strong public health experience collecting qualitative data and using community-based participatory research methods should be tapped to provide technical assistance

6. How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health (SDOH)/other barrier experience by the population/community served.

7. Should Pathways applicants develop strategies to address non-medical Social Determinants of Health (SDOH)? If so, are there specific SDOH to highlight in the Call for Proposals?

8. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

Applicants should include a community advisory board in their application that has decision-making power.

9. What should be the review/selection criteria for the Pathways Call for Proposals?

Additional Comments / Response to Previous Questions:

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Pathways to Health Equity Program
Call for Proposal
Data & Program Evaluation Design Subcommittees
Questions for Public Comment

Written comments are due to the CHRC / HERC Advisory Committee by September 14, 2021 and may be submitted to: mdh.chrc@maryland.gov.

Name: Anna Maria Izquierdo Title Executive Director

Organization Care for Your Health Email Address: aizquierdo@care4yourhealth.org

Date: 9/13/21

1. Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

NO. We know that health outcomes in the communities most in need of equity are 50% dependent on social determinants of health. If we only focus on a chronic disease without including the bigger picture that is required for system change, any long term benefits will not be sustainable. In order to get to health equality we need to redesign the systems that have brought us here and this is done through comprehensive project design. AN example of this is the program Por nuestra salud y Bienestar (Montgomery County's response. Latino's did not became the second most vaccinated group in the country because we increased access to vaccines but by designing a project that included, information, case management for social determinants of health, pilot design of a hospital at home program, testing and data driven decision making. IF we are to change the health of minority communities it needs to be through comprehensive efforts and not single disease initiatives.

2. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

I cannot answer the second question but ensuring there is funding for the training and creation of data collection and analysis is important for any project that aims to change the health of communities

3. What statewide measures should be used to demonstrate health disparities?

Any is better than none but I particularly care for mortality and years of life lost. As an outcome measure it goes at the core of the loss created by health disparities.

4. What measures should be used to establish a baseline to assess impact and monitor/evaluate performance of the Pathways grantees?

The above mentioned data talks to the overall outcome of the project. Any decrease on that is however long term so by necessity you will require process measure that will be dependent on the design of the specific project. I would encourage grantees to collect data on outcomes even if they can only change the process measures with a short funded project

5. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

Data management
Social determinants of health
System change

6. How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health (SDOH)/other barrier experience by the population/community served.

The main problem with these projects is that they are too short to have a real impact on system change and they are not sustainable when the funding ends. It would be interesting to see if you could build upon previously funded initiative and have a long term arch. Given the impact of SDH I would really like to see them incorporated into any future effort (even if changing them is very difficult).

7. Should Pathways applicants develop strategies to address non-medical Social Determinants of Health (SDOH)? If so, are there specific SDOH to highlight in the Call for Proposals?

Absolutely. If they don't they will really not change health inequity in the long term.
Regarding the follow up question I would not be specific. Let people be creative in how these are tackled. Organizations that know the communities they work for, should be allowed to tackle these as they see fit. I believe we don't allow communities to come up with their own responses because we make requests too focused and they may not apply.

8. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

This is an interesting questions and here are a couple of thoughts:

- the principles of community participatory research (CPR) when used loosely are helpful.
- however picking organizations that are embedded in the community and were designed to serve the community may require to be a bit flexible since using the whole framework of CPR may be a bit beyond them.
- having a way where the initial design is allowed to changed based on the feedback of the community is an important element and sometimes is not possible given your commitment to the funding stream

9. What should be the review/selection criteria for the Pathways Call for Proposals?

Select people that work in these communities even if they would traditionally be seen as likely to fail and then offer them mentorship through the project. A lot of small organizations do this work on a daily basis but would need funding to think bigger.

Additional Comments / Response to Previous Questions:

Thanks for the work you put into trying to solve health inequity.

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Pathways to Health Equity Program
Call for Proposal
Data & Program Evaluation Design Subcommittees
Questions for Public Comment

Written comments are due to the CHRC / HERC Advisory Committee by September 14, 2021 and may be submitted to: mdh.chrc@maryland.gov.

Name: Muriel Watkins
Title: Executive Vice President (EVP)
Organization: CrossCreek Strategies, LLC
Email Address: murielwatkins@me.com

Date: September 14, 2021

Question 1 - Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

In support of the following comment:

Ms. Spencer noted that opportunities beyond chronic disease exist, and that the Committee should not limit applicants.

2.What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

In support of the continued involvement of CRISP, Maryland's state-designated Health Information Exchange, and other sources, such as the Community Health Needs Assessment, to provide Technical Assistance and access to publicly accessible data. [1]

3. What statewide measures should be used to demonstrate health disparities?

4. What measures should be used to establish a baseline to assess impact and monitor/evaluate performance of the Pathways grantees?

The state of Maryland has a diverse population mix. Demographics of Montgomery County Public Schools, for example, referenced students from more than 157 countries speaking 138 languages. In informing residents about COVID-19 vaccinations, the state provided translations in languages to account for the population diversity. Community Demographics will be an important focus for how a proposed project will specially serve vulnerable population groups? As an example,

	Hispanic
	Black/African-American
	Asian
	Native American or Native Alaskan
	Native Hawaiian or Pacific Islander
	Other specific Ethnic populations
	English as Second Language (ESL)
	Disabled
	Low Income
	Unemployed
	Senior Citizen (55 and over)
	Youth
	Other

5. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

A number of grant programs will establish an Expert Roster of consultants to provide technical assistance to grantees in up to 5 categories: 1) program development and implementation; 2) capacity building; 3) information technology management; 4) financial management; and 5) fundraising.

Noting that promoting long-term financial sustainability of grant programs is a key priority of the Maryland Health Resource Commission, the CHRC has encouraged grantees to obtain additional, non-state funding. The Pathways Proposal might include a matching funds requirement and/or award points for applications that identify additional / potential funding sources to match or sustain the project beyond the conclusion of the Pathways grant period. The following indicate other potential funding sources that could be leveraged to support the project.

Potential Funding Sources	Committed	Potential
Department of Health and Human Services		
▪ Federal and State Designated Entity Grants	√	
▪ Health IT Program Funding		√
Financial Institution	√	
Commercial Bank (Ex: Bank of America; Chase; M&T, etc.)		
Community Bank		√
Credit Union		
Major Non-Profit Partner or Funder(s)		

6. How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health (SDOH)/other barrier experience by the population/community served.

The Pathways Grant Application will no doubt reference the current Grant Monitoring and Performance Measurement section, calling attention to the CHRC Grantee Milestones & Deliverables. The application should encourage potential applicants to articulate project goals: the anticipated outcomes of the projects and how the project will measure success. The following is an example:

Anticipated Outcomes	Measurements of Success	Evaluation Tool
Improved health outcomes and healthy behaviors	75% of participants will present improved health readings in comparison to baseline readings 75% of participants will self-report improved self-management habits and preventive care behaviors	Medical Records/EMR Bi-lingual written or oral surveys upon project completion; Medical records/EMR
Increased internet use among a vulnerable populations to access health information	60% of participants will self-report that they have increased their use of internet at the end of the project in comparison to the assessment at the beginning of the project period; 60% of participants will self-report that they know more about the Internet and its capabilities or feel more comfortable regarding its use in comparison to how they felt at the	Bi-lingual written or oral surveys upon project completion

	beginning of the project period.	

7. Should Pathways applicants develop strategies to address non-medical Social Determinants of Health (SDOH)? If so, are there specific SDOH to highlight in the Call for Proposals?

8. How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

9. What should be the review/selection criteria for the Pathways Call for Proposals?

The Subcommittee has begun to identify components of the review and selection criteria. The following review/selection criteria might be helpful.

Project Purpose | Project Goals: What are the goals for the project?
Project Design: What strategies are required to meet the project goals?
Management Plan and Partners:
Regarding Partners, the role of each partner? Partners might include: Medical Provider(s); Institution of Higher Education; Small Business; Non-profit organization

Evaluation: What are the outcome measures to evaluate program goals?
Are there services or products that can be replicated?

Budget and Budget Narrative: Grant applications typically require a standard budget and budget narrative format that is included in the Appendix. The budget section in the text of the application provides the rationale and highlights of the budget.

A page limit should be included to encourage applicants to address the review criteria in a limited number of pages. The following is a guide that recommends a page limit for each section to ensure that each section of the applicant is addressed in line with the importance the Committee is placing on sections of the application.

Evaluation Factors	Evaluation Points / %	Anticipated Page Limit
Project Purpose	20%	4
Quality of project design	25%	5
Management Plan	15%	3
Project Evaluation	15%	3
Budget / Budget Narrative	10%	2
	100%	20

With respect to the EVALUATION, some federal grant programs encourage applicants to retain the services of an independent evaluator, often affiliated with a university and will

encourage the applicant to include sufficient funds in the budget to cover the cost of the evaluator. Early decisions about how the goals of a project will be measured will be helpful to identifying and engaging the evaluator as a part of the application team involved in assisting with the draft of evaluation section. The qualifications and responsibilities of the evaluator are referenced in the grant application with a resume included in the appendix along with the resumes of the management team.

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[1] Some years ago, the United Way for the Greater New Orleans Area and partners Tulane University and Xavier University received federal funding for The Greater New Orleans Community Data Center (GNOCDC) to create an online interactive information platform for local nonprofit organizations to identify neighborhood assets to improve local planning and decision-making. Value-added: During Hurricane Katrina in 2005 the gnocdc.org website served as a resource for information for rescue operations and the website also provided demographic information for news organizations, including the New York Times and the Brookings Metropolitan Policy Program report, *New Orleans After the Storm: Lessons from the Past, a Plan for the Future.* The website later served as a resource on the rebuilding of New Orleans.

Deborah Rivkin
Vice President
Government Affairs – Maryland

CareFirst BlueCross BlueShield
1501 S. Clinton Street, Suite 700
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Tel. 410-528-7054
Fax 410-505-6651

September 14, 2021

The Honorable Edward Kasemeyer
Chair, HERC Advisory Committee
Community Health Resources Commission
100 Community Place, Room 4.507
Crownsville, MD 21032

Sent via email: mdh.chrc@maryland.gov

RE: Comments on Pathways to Health Equity Program and Data & Program Evaluation Design Subcommittees

Dear Chair Kasemeyer:

CareFirst BlueCross BlueShield appreciates the opportunity to provide comments to both the Pathways Call for Proposals/Design subcommittee and the Data & Program Evaluation subcommittee under the Health Equity Resource Communities Advisory Committee.

CareFirst offers the following initial thoughts on the subcommittees' questions for public comment:

- **Data** –It is critical that the subcommittees leverage the right data in the right way to evaluate Pathway grantee proposals and measure program success. Innovative data analytics has given CareFirst never before seen insights into the community at-large. Using the CDC's Social Vulnerability Index (SVI) as the foundation, CareFirst is able to identify pockets of vulnerable populations and deploy outreach and aid to these communities. The SVI uses U.S. Census data to determine the social vulnerability of each census tract by assigning a rank on 15 social factors. The SVI rank serves as an indicator for communities that are most likely to need support before, during and after an emergency event. By using SVI, CareFirst was able to assess populations by census tract – a measurement even smaller than zip code. This allowed CareFirst to gain insights into pockets of vulnerable communities that otherwise would not have been identified at the zip code level. CareFirst recommends that the subcommittees explore use of census tract level data to obtain a micro-level understanding of vulnerable communities within a zip code.

- **Funding and CHRC Support** – CareFirst urges the subcommittees to ensure that evaluation costs are not built into the grants awarded under this program. It is CareFirst's experience that 10-15% of grant costs are needed for evaluation. This should be considered in discussions about grant dollar amounts – evaluation costs should not be included in the grants awarded; rather, grants should go to vulnerable communities in their entirety. Further, CHRC should support applicants however it can, including creating a cohort for applicants and subsequent grantees who can lean on each other for some questions and support.

- **Community Feedback on Priorities** - Community partnerships are essential to standing up the Pathways to Health Equity Program. Programs and proposals must work with and for the community partners, rather than make decisions to them. No one knows the health of individuals in a community better than those working the front lines. We urge the subcommittees to establish a framework for proposal evaluation that reflects feedback and insights received from community partners.

- **Social Determinants of Health and Qualitative Data** – Often, quantitative data is preferred in measuring the success of a program. However, qualitative data, specifically as it relates to social determents of health, is essential. The conditions in the environments where people are born, live, learn, work, play, and worship greatly impact things like access to affordable housing, quality education, public safety and local health services. We urge the subcommittees to build qualitative metrics into program evaluation, to ensure that grantee projects are comprehensively reviewed for success.

We want to thank you for this opportunity to provide our comments, and we look forward to continuing this important conversation.

Sincerely,

Deborah R. Rivkin

Cc: Mark Luckner, Executive Director, Community Health Resources Commission