

Community Health Resources Commission

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BACKGROUND ON THE CHRC



- The Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access for low-income Marylanders and underserved communities.
- Statutory responsibilities include:
 - Increase access to primary and specialty care through community health resources
 - Promote emergency department diversion programs to prevent avoidable hospital utilization and generate cost savings
 - Facilitate the adoption of health information technology
 - Support long-term sustainability of safety net providers
- The Maryland General Assembly approved legislation (Chapter 328) in 2014 to re-authorize the CHRC until 2025.

BACKGROUND ON THE CHRC



Eleven Commissioners of the CHRC are appointed by the Governor

Allan Anderson, M.D., Chairman

Elizabeth Chung, Vice Chair, Executive Director, Asian American Center of Frederick

Scott T. Gibson, Vice President for Human Resources, Melwood Horticultural Training Center, Inc.

J. Wayne Howard, Former President and CEO, Choptank Community Health System, Inc.

Celeste James, Executive Director of Community Health and Benefit, Kaiser Permanente of the Mid-Atlantic States

Surina Jordan, PhD, Zima Health, LLC, President and Senior Health Advisor

Barry Ronan, President and CEO, Western Maryland Health System

Erica I. Shelton, M.D., Physician and Assistant Professor, Johns Hopkins University School of Medicine, Department of Emergency Medicine

Ivy Simmons, PhD, Clinical Director, International Association of Fire Fighters Center of Excellence

Julie Wagner, Vice President of Community Affairs, CareFirst BlueCross BlueShield

Anthony C. Wisniewski, Esq., Chairman of the Board and Chief of External and Governmental Affairs, Livanta LLC

IMPACT OF CHRC GRANTS



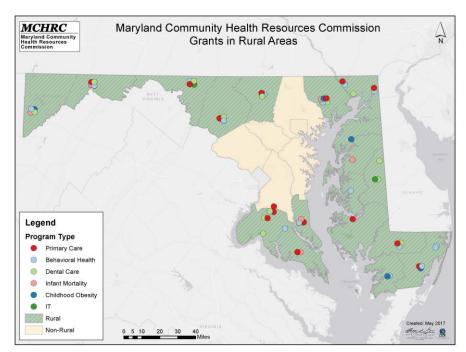
- Since 2007, CHRC has awarded 210 grants totaling \$64.1 million. Most grants are for multiple years. (Currently 55 open grants)
- CHRC has supported programs in all 24 jurisdictions.
- These programs have collectively served over 455,000 Marylanders. Most individuals have complex health and social service needs.
- Grants awarded by the CHRC have enabled grantees to leverage \$23 million in <u>additional</u> federal and private/ nonprofit resources.
- Of this \$23 million, more than \$19M has been from private and local resources.

107 grants totaling \$28 million to programs in rural jurisdictions.

Served more than 82,000 residents in rural areas of the state.

Areas of Focus:

- Primary/Preventative Care
- Dental Care
- Integrated Behavioral Health Services
- Food Security/Obesity Prevention







1. Driving innovation in rural communities

- Mobile Integrated Health
- Telehealth
- 2. Innovative ways to tackle Social **Determinants of Health**
 - Transportation
 - Health Literacy

3. Stretching limited public resources and leveraging private investment

- Private and Family Foundations
- **Hospital-Community Partnerships**



Dental Access in Rural Maryland: Innovative Approaches to Care

Introduction The Maryland Rural Health Association (MRHA) and Maryland Community Health Resources Commission (CHRC) are partnering to produce a series of white papers. MRHA is a non-profit organization whose mission is to educate and advocate for the optimal health of rural communities and their residents. The CHRC was created by the Maryland General Assembly through the Community Health Care Access and Safety Net Act of 2005 to expand access to health care for low-income Marylanders and underserved communities in the state and to bolster the capacity of Maryland's health care safety net infrastructure to deliver affordable, high-quality health services. The CHRC has awarded 190 grants totaling \$60.3 million. Of this, more than half (99 of 190) have supported programs in rural areas.

The first white paper in this series, "Social Determinants of Health and Vulnerable Populations in Rural Maryland," published in December 2016, and the second white paper. "Bringing Care Where It Is Needed: A Rural Maryland Perspective," published May 2017, can be found on the MRHA website:

http:/www.mdruralhealth.org/about-us/currentpublications-educational-documents/

This third white paper provides an overview of the difficulties in accessing dental care in isolated rural communities, how health services can be provided in non-traditional settings, and how new partnerships can be formed to meet the community needs.

Background

Of Maryland's 24 counties, 18 are designated as rural by the state. Rural jurisdictions in Maryland have a population of over 1.6 million and differ in demographics, environment, and geography from the urban areas in the state. Rural communities share common challenges, as they are often poor, partnering with the University of Maryland School of

geographically isolated, and lack the services and employment opportunities found in urban and suburban communities. Moreover, rural communities often lack sufficient numbers of dental care professionals to adequately treat the rural population.

In 2000, the Surgeon General declared oral disease a "silent epidemic," a statement which remains true today. According to the DentaQuest Institute's April 2017 Report: "Executive Summary: Narrowing the Rural Interprofessional Oral Health Care Gap," poor oral health affects overall physical health and significantly contributes to the expanding cost of the US health care system. The report details that "adults in rural communities are more likely to have all natural teeth missing than their non-rural peers ... and children living in rural areas are more likely to have unmet dental needs, less likely to have visited a dentist in the past year, and less likely to see a dental care team for ongoing preventive care.

The CHRC has supported 24 community-based oral health programs in rural communities for a total of more than \$4.1 million that have brought needed dental services to more than 27,000 residents. These programs have helped individuals overcome the lack of access to adequate and necessary dental care.

Strategies

Each rural community faces unique challenges to providing access to dental care for their residents. A variety of strategies are therefore needed to address these challenges and ensure that individuals have an opportunity to receive necessary care.

Five MRHA organizational members have received CHRC grant funds to deliver dental care services in rural jurisdictions through a number of community-based strategies. These strategies have included: (1) supporting new or expanding existing dental clinics in the community; (2) subsidizing dental care provided by community dentists for those unable to bear the cost of treatment; and (3)

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Charles County Health Department – Mobile Integrated Health Program

- Address the health and social determinants leading to repeated use of emergent care
- Link high medical service utilizers with care coordination and community health services
- Assist the target population to better manage their health conditions in an appropriate setting



From left to right: Amber Starn, Charles County Health Department; John Filer, Charles EMS; and Dr. Dianna Abney, Health Officer, Charles County

 Expansion of mobile integrated health programs -Wicomico County's "SWIFT" program

Lower Shore Clinic's CareWrap Program

- Targeted individuals with behavioral health needs who presented at (PRMC) ED in high volumes.
- Provided intensive case management services to 63 individuals.
- CRISP calculated a 6-month pre vs 6month post comparison for the patients in the program and concluded that the CareWrap program achieved \$923,594 in cost avoidance (grant was for \$120,000).





CHRC FY 2019 CALL FOR PROPOSALS



Next meeting - September 11, 2018

Strategic priorities

- Serving vulnerable populations regardless of insurance status
- 2. Promoting health equity and addressing the social determinants of health
- 3. Innovation, sustainability, and replicability

Focus Areas

- Essential health services: primary/preventative care, dental, and women's health services
- 2. Addressing the heroin and opioid epidemic through behavioral health integration
- Promoting food security and addressing childhood and family obesity

CHRC FY 2019 CALL FOR PROPOSALS



Timeline of Key Dates

September 11, 2018

Late October/Early November 2018

Late November 2018

Late December 2018

January 2019

Mid-February 2019

Planning meeting of CHRC

Release of the Call for Proposals

Letters of Intent due

Deadline for receipt of applications

Review of applications

Selected applicants present to the Commission and grants awarded