West Baltimore Primary Care Access Collaborative

October 31, 2013

MCHRC
Maryland Community Health Resources Commission

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Maryland Community Health Resources Commission

THE MARYLAND HEALTH IMPROVEMENT AND DISPARITIES REDUCTION ACT

- **SB 234 (Chapter 3 - 2012) establishes the framework for the creation of Health Enterprise Zones (HEZs) and provides $4 million per year to support HEZs.**

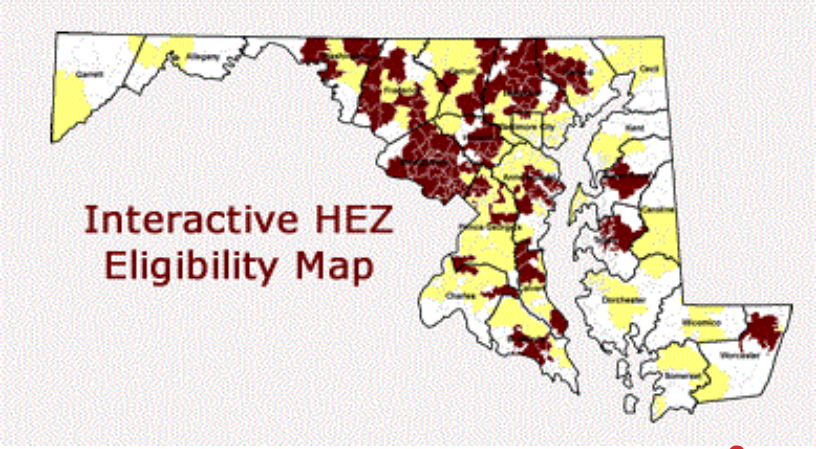
- **The HEZ fund is administered by the Community Health Resources Commission (CHRC), which implements day-to-day oversight of the program in partnership with DHMH.**

- **The purposes of HEZs are to:**
  (1) Reduce health disparities;
  (2) Expand access in underserved areas and improve health outcomes; and
  (3) Reduce health costs and hospital admissions and readmissions in specific areas of the State.

- **HEZs are encouraged to draw on the following incentives:**
  - Loan assistance repayment;
  - Income tax credits;
  - Priority to enter the Multipayer PCMH Program; and
  - Grant funding from CHRC.

ELIGIBILITY CRITERIA AND DATA

- **An HEZ must be a community or a contiguous cluster of communities defined by zip code boundaries (one or multiple zip codes).**
- **An HEZ must have a resident population of at least 5,000 people.**
- **An HEZ must demonstrate economic disadvantage:**
  - Medicaid enrollment rate; or
  - WIC participation rate.
- **An HEZ must demonstrate poor health outcomes:**
  - A lower life expectancy; or
  - Percentage of low birth weight infants.



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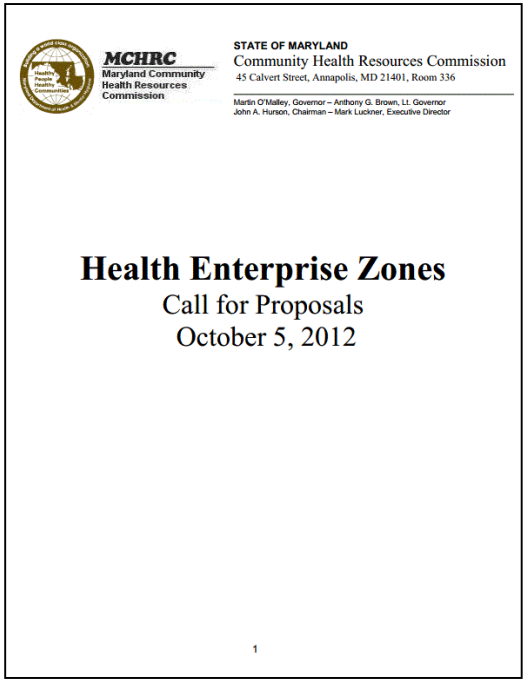
CALL FOR PROPOSALS AND 19 APPLICATIONS RECEIVED

- **The HEZ Call for Proposals was released by the CHRC in October 2012 and generated a total of 19 proposals from 17 jurisdictions of the state.**
- **The 19 HEZ proposals were evaluated by an independent Review Committee comprised of experts in the fields of public health, health disparities, and health care finance.**
- **Proposals were received from hospital systems, local health departments, outpatient MH providers, and community-based organizations.**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STATE OF MARYLAND
Community Health Resources Commission
45 Calvert Street, Annapolis, MD 21401, Room 336

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor
John A. Hurson, Chairman – Mark Luckner, Executive Director

Health Enterprise Zones
Call for Proposals
October 5, 2012

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HEZ SELECTION PRINCIPLES

Each proposal received a score based on a 100-point scale based on 13 criteria (below). Top-ranking applicants were invited to present to the CHRC in December 2012.

Based on recommendations from CHRC, the DHMH Secretary designated the state's first 5 HEZs in January 2013.

1. **Purpose**
2. **Description of need**
3. **Core disease targets**
4. **Goals**
5. **Strategy**
6. **Cultural competency**
7. **Balance**
8. **Coalition**
9. **Work-plan**
10. **Program Management**
11. **Sustainability**
12. **Evaluation**
13. **Collaboration**

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KEY STEPS TO IMPLEMENTING HEZ INITIATIVE

October 2012: Call for Proposals

November 2012: 19 Applications Received

December 2012: 10 Top Candidates Chosen

January 2013: 5 HEZs Designated

February 2013 to current: Management and Performance Evaluation

FIRST FIVE HEZ DESIGNATIONS

Following is a list of the 5 Health Enterprise Zone Designations, which includes 3 hospital systems and 2 local health departments:

1. **West Baltimore Primary Care Access Collaborative**
2. **Medstar-St. Mary's Hospital, "Greater Lexington Park"**
3. **Dorchester County Health Department, "Competent Care Connections"**
4. **Prince George's Health Department - Capitol Heights**
5. **Anne Arundel Health System**

Health Enterprise Zones and Local Health Improvement Coalition Awards

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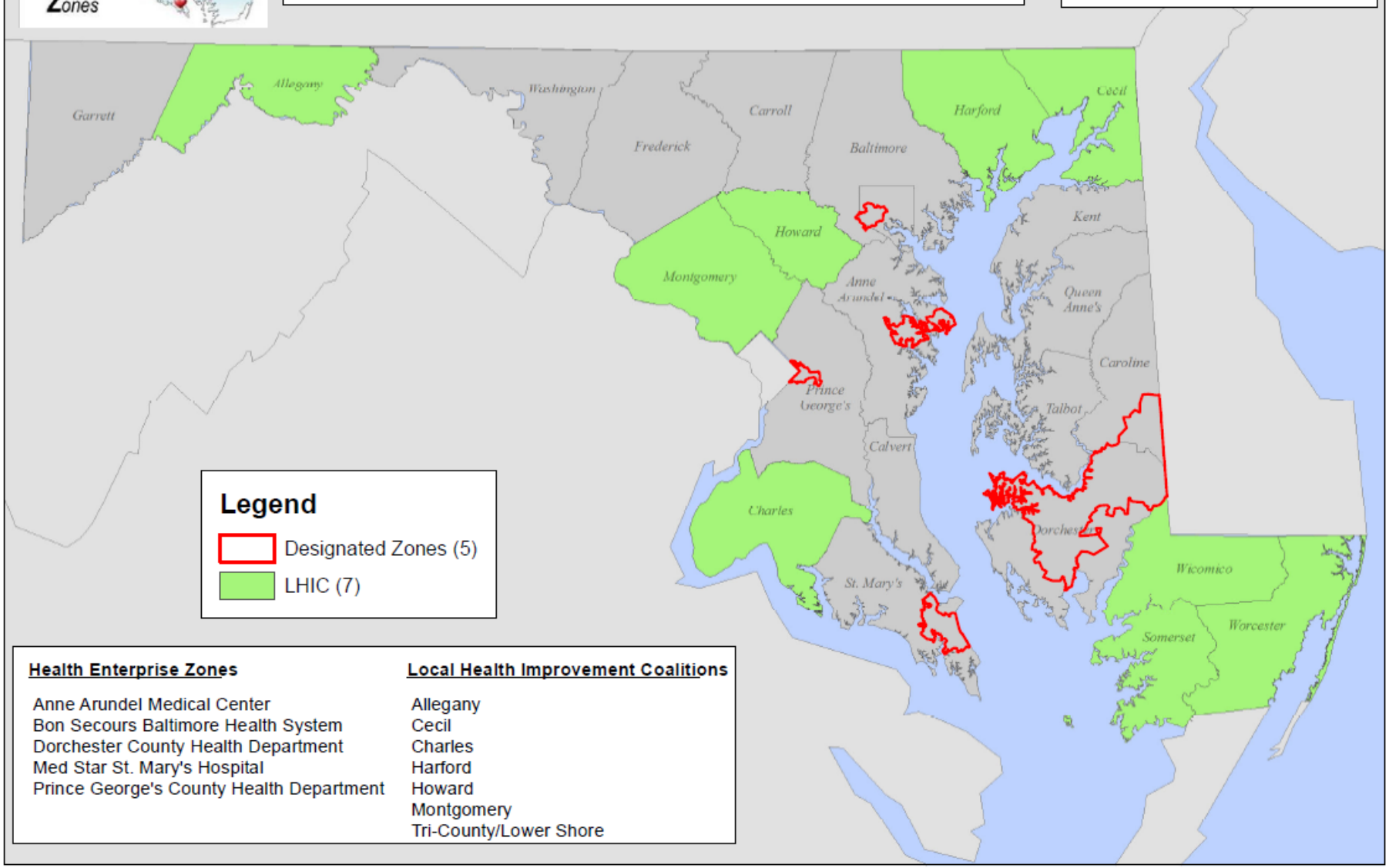
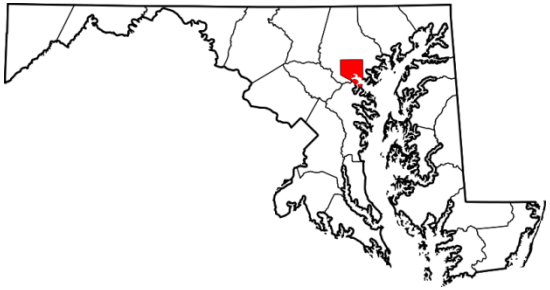


Health Enterprise Zones	Local Health Improvement Coalitions
Anne Arundel Medical Center	Allegany
Bon Secours Baltimore Health System	Cecil
Dorchester County Health Department	Charles
Med Star St. Mary's Hospital	Harford
Prince George's County Health Department	Howard
	Montgomery
	Tri-County/Lower Shore

Source: Community Health Resources Commission
September 2013

WASHINGTON COLLEGE

WEST BALTIMORE



Bon Secours Hospital/West Baltimore Primary Care Access Collaborative (21216, 21217, 21223, and 21229; Urban)

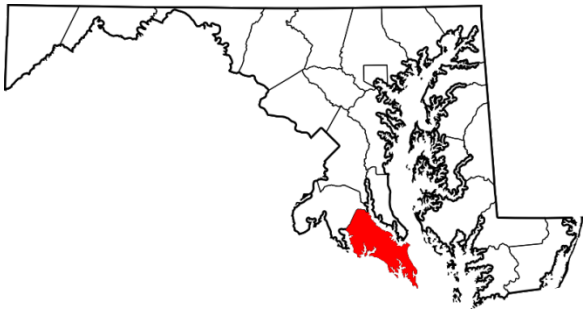
Key Strategies Include:

- Expand primary and preventative care
- Hire and train 30 new health care paraprofessionals

Programmatic and Clinical Outcomes:

- Reduce cardiovascular disease rates
- Reduce emergency department visits related to cardiovascular disease

GREATER LEXINGTON PARK



Medstar - St. Mary's Hospital,
”Greater Lexington Park”
(20653, 20634, and 20667; Rural)

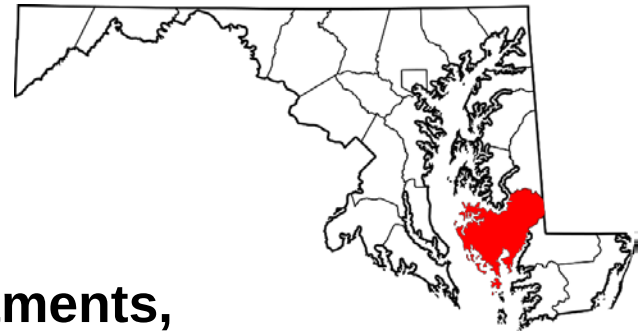
Key Strategies Include:

- Create a new community health care center in Lexington Park
- Develop a “health care transportation route” to address barriers to accessing health care

Programmatic and Clinical Outcomes:

- Reduce preventable hospital emergency department visits, admissions, and readmissions for chronic diseases
- Improve overall integration of primary care and behavioral health services

DORCHESTER-CAROLINE COUNTIES



Dorchester-Caroline Counties Health Departments, "Competent Care Connections" (21613, 21631, 21664, 21659, 21835, 21643, and 21632; Rural)

Key Strategies Include:

- Adding an additional 18 new providers in the Zone
- Create a new mobile mental health crisis team for Dorchester and Caroline Counties

Programmatic and Clinical Outcomes:

- Reduce prevalence of adult and childhood obesity
- Reduce incidences of diabetes and hypertension
- Decrease hospital emergency department utilization for targeted diseases

PRINCE GEORGE'S COUNTY – CAPITOL HEIGHTS

Prince George's County Health Department (20743; Urban/Suburban)

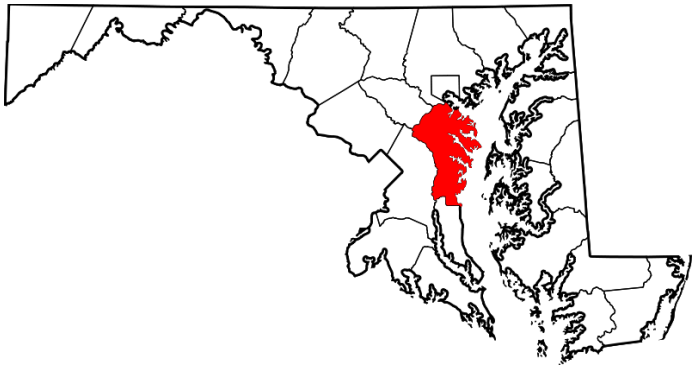
Key Strategies Include:

- Establish five new patient-centered medical homes (PCMHs) serving over 10,000 residents
- Hire 25 additional providers

Programmatic/ Clinical Outcomes:

- Reduce preventative hospital emergency department visits for chronic conditions
- Reduce frequency of low birth weight infants and improve overall birth outcomes
- Generate sustainable expansion of the primary and community health workforce in the Zone

ANNE ARUNDEL COUNTY – ANNAPOLIS



Anne Arundel Health System (21401; Suburban)

Key Strategies Include:

- Establish a new patient-centered medical home (PCMH) at Morris Blum, a public housing senior citizen facility
- PCMH will have capacity to serve additional residents of Annapolis

Programmatic/ Clinical Outcomes:

- Improved chronic disease management
- Decreases in medical 911 calls, emergency room visits, hospital admissions and readmissions.

CURRENT PHASE – MANAGEMENT & PERFORMANCE EVALUATION

- **CHRC and DHMH are required to conduct an overall evaluation of the program. This evaluation includes:**
  - Number and types of incentives utilized in each Zone
  - Impact of tax and loan repayment incentives in attracting practitioners to the Zone
  - Impact of incentives offered in the Zone in reducing health disparities and improving health outcomes
  - Progress in reducing health care costs and hospital admissions and readmissions in the Zone.

- **CHRC and DHMH are providing "hands on" technical assistance to each Zone in a range of areas, including performance reporting, data collection, and using CRISP data to drive continuous quality improvement.**

PERFORMANCE EVALUATION AND PUBLIC REPORTING

- **Each Zone is required to submit quarterly progress reports to the CHRC as a condition of payment of public funds.**

- **The State is developing an "HEZ Dashboard" to assess performance of key milestones and deliverables and overall progress towards key goals of each Zone.**

- **The Dashboards will facilitate public reporting, accountability of the Zones, and fiscal stewardship of public resources.**

HEZ DASHBOARD

Zone: West Baltimore

Draft 2.6

Total Population of Zone: 137,823

Target Population: 85,500 (confirm with Grantee)

Total Health Care
Mosaic Community Services
Park West Health System
Saint Agnes Hospital
Sinai Hospital, Baltimore
Equity Matters
Light Health and Wellness Comprehensive Services
National Council on Alcohol and Drug Dependence, MD
People's Community Health Centers
University Maryland Baltimore
University Maryland Medical Center
The Honorable Verna Jones Rodwell

Hospital Utilization		Baseline 2012					Year One 2013	
		Q1	Q2	Q3	Q4	Year	Q1	Q2
West Baltimore	Admission Rate	57.7	56.1	55.0	53.0	221.9	51.8	
	Readmission Rate	1407	1435	1362	1277	5481	978	
Maryland	Admission Rate	30.1	29.6	29.5	28.9	118.0	27.3	
	Readmission Rate	23,067	23,093	22,043	21,171	89,374	15,971	

*Maryland residents hospitalized out of state are not included.
**Rate per 1,000.

Clinical Outcome Measures (will report January 2014)	Year One Q1	Year One Q2
Number of sites reporting		
Number of providers reporting		
Number of patients receiving services across all reporting sites		
Diabetes		
Diabetes: HbA1c Control (NQF #575)		
Diabetes: LDL Management (NQF #64)		
Diabetes: Blood Pressure Management (NQF #61)		
Hypertension		
Hypertension: Blood Pressure Control (NQF #18)		
Smoking		
Prevention Care and Treatment: Tobacco Use Assessment and Cessation Intervention (NQF #28)		
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity Children/Adolescents (NQF #24)		
BMI in Adults >18 years of age (NQF #23)		

Key Milestones and Activities	Year One Apr-Jun	Year One Jul-Sep
Increase access to new primary care services in community and provide training and scholarship opportunities for residents		
Recruit and place community health workers throughout Zone		
Initiate community health outreach team		
Offer training and scholarship opportunities for Zone residents		
Increase access to community health resources and promote wellness activities		
Develop, initiate and promote fitness program for Zone residents		
Create healthy food options in the community		
Develop and implement chronic disease management program		
Increase community partnerships and expand coalition		
Award mini-grants for promotion of cardiovascular health and healthy living		
Promote Cultural Competency		
Provider training on cultural and linguistic competency		
TBD by Dr. Hussein		

Legend

Completed | On-Task | Delayed

Quantifiable Measures and Goals	Year One Goals	Year One Apr-Jun	Year One Jul-Sep
# of new primary care providers hired	16	22	1
# of community health workers deployed	11	1	13
# of community resident scholarships utilized	10	0	7
# of new entry level health paraprofessionals hired	10	0	0
# new community health resources created	5	8	2
Rate of Cardiovascular Disease ED			
Rate of Hypertension ED visits			
Rate of Diabetes ED visits			