

Maryland Community Health Resources Commission

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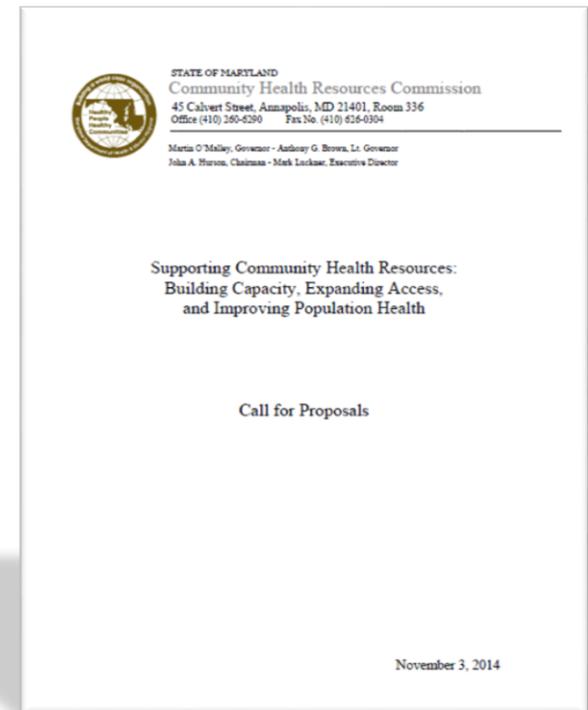
BACKGROUND ON THE CHRC



- **The Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access to health care for low-income Marylanders and underserved communities in the state.**
- **The CHRC is an independent agency operating within the Maryland Department of Health and Mental Hygiene. Its 11 members are appointed by the Governor.**
- **The Maryland General Assembly approved legislation (Chapter 328) in 2014 (vote was unanimous) that re-authorized the CHRC for another ten years, until 2025.**

BACKGROUND ON THE CHRC

- The CHRC has issued eight Calls for Proposals (RFP) over nine years. These RFPs have focused on promoting the following public health priorities:
- Reducing infant mortality
- Increasing access to dental care
- Promoting ED diversion programs
- Expanding primary care access
- Integrating behavioral health
- Investing in health information technology
- Addressing childhood obesity
- Building safety net capacity



BACKGROUND ON THE CHRC

- Since its inception, the CHRC has awarded 143 grants totaling \$49.6 million, supporting programs in all 24 jurisdictions. These programs have collectively served more than 195,000 Marylanders.
- Over the same time period, the Commission received 593 requests for \$276.2 million.
- Grantees have utilized CHRC grant funding to leverage \$15.4 million in additional federal and private/non-profit resources.

FY 2015 CALL FOR PROPOSALS

- **This year's Call for Proposals was issued in early November and contained the following three strategic priorities:**
 - (1) Expand capacity;
 - (2) Reduce health disparities; and
 - (3) Promote efforts to reduce avoidable hospital utilization.
- **The FY 2015 Call for Proposals targeted four types of projects:**
 - Reducing infant mortality
 - Expanding primary care access
 - Increasing access to dental care
 - Building safety net provider capacity
- **The CHRC received 43 Letters of Intent requesting approximately \$7.7 million in year one funding (total funding request was \$18.6 million). The Commission is in a position to award approximately \$1.3 million in FY 2015.**

FY 2015 CALL FOR PROPOSALS



Following are twelve applicants that have been invited to present to the Commissioners on February 19, 2015 (later this week):

DENTAL CARE

- Allegany Health Right
- Frederick Memorial Hospital
- Total Health Care, Inc.
- Health Partners

CAPACITY OF SAFETY NET PROVIDERS

- Family Services, Inc.
- Calvert Health Department

ACCESS TO PRIMARY CARE

- Harford Health Department
- Union Memorial Hospital
- Esperanza Center
- HealthCare Access Maryland
- La Clinical del Pueblo

INFANT MORTALITY

- Community Clinic, Inc.

PROMOTING COMMUNITY-HOSPITAL PARTNERSHIPS

CHRC released last month white paper, “Sustaining Community-Hospital Partnerships to Improve Population Health”

- Sponsored four regional forums that were held this past fall (forums involved participation from Maryland Hospital Association, DHMH, HSCRC, and CRISP)
- Engaged independent consultant (Frances B. Phillips) to analyze 5 grants that involve hospital-community partnerships
- Develop recommendations to replicate and sustain these types of partnerships

Key recommendations include:

- Providing access to toolkits and support for future grant proposals;
- Determining a return on investment of grants aimed at upstream improvements to a community’s social or economic conditions; and
- Exploring multi-investor partnerships around projects of mutual interest.

PROMOTING COMMUNITY- HOSPITAL PARTNERSHIPS

Impact of CHRC-supported programs

1. Cecil County HD with Union Hospital of Cecil County

Over a 15-month period, 160 individuals received services. The program helped reduce avoidable hospital utilization (ED visits and admissions) for chronic conditions (diabetes, heart disease, others), and the hospital partner estimated savings of more than \$662,000 (more than \$4,100 per participant). Adjusted for program expenses, the result was a net savings of \$460,000.

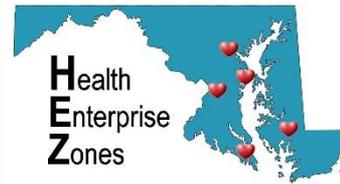
2. Worcester County HD with Atlantic General and Peninsula Regional

Over a 12-month period, 59 individuals received services. When comparing pre- vs. post-enrollment, the program estimated a total of \$189,000 in savings due to averted diabetes-related ED visits and reduced hospitalizations (\$45,000 in avoided ED visits and \$144,000 in avoided hospitalizations).

3. HealthCare Access Maryland (HCAM) with Sinai Hospital

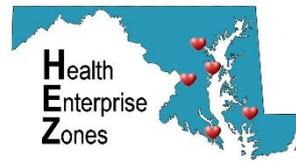
A sample of 7 frequent utilizers was selected for a pre- vs. post-comparison. Four months prior to participating in the program, these 7 individuals visited the ED 24 times. Four months after participating in the program, these individuals visited the ED 6 times. With average costs estimated at \$3,452 per visit, the program estimates savings of \$62,118 from reduced/avoided ED visits from these 7 individuals.

IMPLEMENTING HEALTH ENTERPRISE ZONES

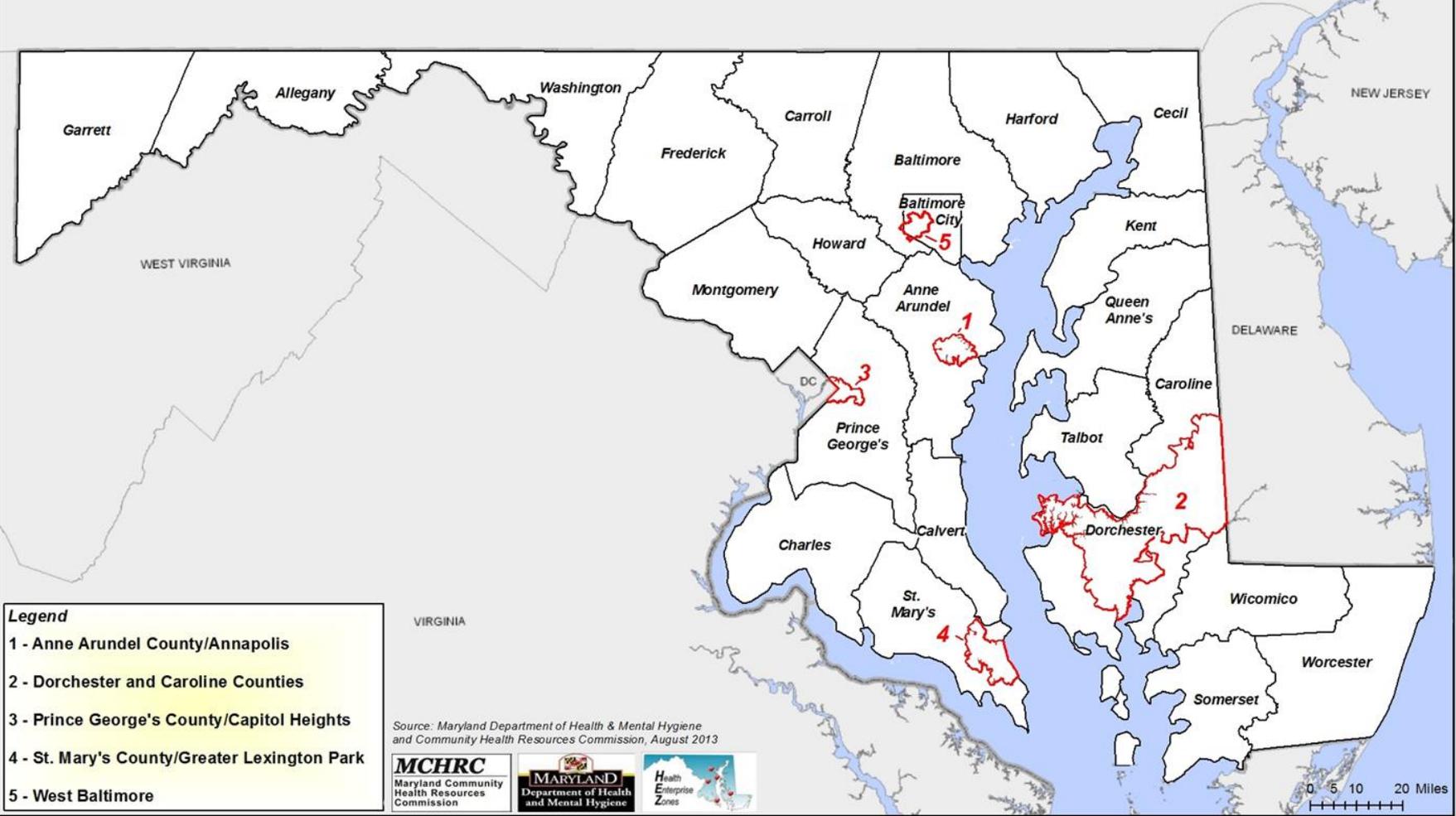


- **SB 234 (Chapter 3 - 2012) established framework for creation of Health Enterprise Zones (HEZs) and provides \$4 million per year to support HEZs over the four-year duration of the Act.**
- **The HEZ fund is administered by the Community Health Resources Commission. Day-to-day program administration is executed by the CHRC and 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.

MARYLAND'S HEALTH ENTERPRISE ZONES



Maryland's Health Enterprise Zones

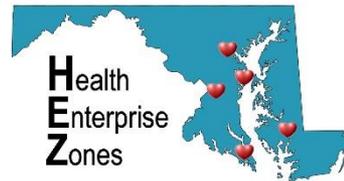


- Legend**
- 1 - Anne Arundel County/Annapolis
 - 2 - Dorchester and Caroline Counties
 - 3 - Prince George's County/Capitol Heights
 - 4 - St. Mary's County/Greater Lexington Park
 - 5 - West Baltimore

Source: Maryland Department of Health & Mental Hygiene and Community Health Resources Commission, August 2013

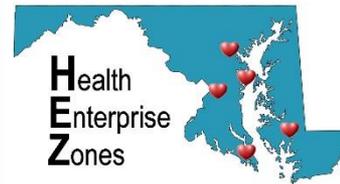


IMPLEMENTING HEALTH ENTERPRISE ZONES



- **The DHMH Secretary designated the following five HEZs:**
 - Annapolis – Morris Blum (suburban)
 - Capitol Heights - Prince George’s County HD (suburban)
 - Dorchester/Caroline Health Departments (rural)
 - Greater Lexington Park - St. Mary’s County (rural)
 - West Baltimore CARE - Bon Secours (urban)
- **The five Zones began program implementation in April 2013. The Zones are now completing year two and are providing health care and other support services.**
- **All five Zones include a focus on diabetes. Other clinical goals include cardiovascular disease, hypertension, obesity, and asthma.**
- **An evaluation of the Initiative is being conducted by the Johns Hopkins Bloomberg School of Public Health’s Center for Health Disparities Solutions.**

IMPLEMENTING HEALTH ENTERPRISE ZONES



- **As mentioned in the analysis by the Department of Legislative Services, the HEZs are making strides to support reductions in hospital admissions and readmission rates.**
- **Year two achievements include:**
 - Opening or expanding 15 health care delivery sites;
 - Recruiting 37.43 practitioner FTEs in HEZ; and
 - Providing 93,495 visits to 50,290 patients.