



Lt. Gov. Brown Announces Plan to Health Disparities in Maryland

1/17/2012

Today, Lt. Governor Anthony G. Brown announced a series of innovative measures to address health disparities and improve health outcomes and care in Maryland. Maryland demonstrates significant disparities in health care and health outcomes among racial and ethnic groups. For example, African Americans in Maryland have an infant mortality rate that is almost three times the rate for white Marylanders, have an incidence of new HIV infections at almost 12 times the rate of the white population, and are almost twice as likely to lack health insurance as whites; Maryland Hispanics are over four times more likely to not have health insurance when compared to whites; and American Indians in Maryland are three times more likely to experience end-stage kidney disease than whites.

The plan released today includes a series of recommendations developed by the Maryland Health Quality and Cost Council Health Disparities Workgroup launched by the Lt. Governor last summer and headed by University of Maryland School of Medicine Dean Dr. E. Albert Reece. One of the workgroup's key recommendations is to create a series of geographically based Health Enterprise Zones (HEZs) in underserved communities impacted by health disparities. Within a designated zone, incentives would be provided to eligible primary care practitioners and community-based organizations or local health departments to expand and improve access to care, improve health, and reduce disparities. Lt. Governor Brown announced that he will champion legislation during the 2012 Legislative Session to create a pilot program for Health Enterprise Zones and that he will work with State health officials to implement additional workgroup recommendations.

"Maryland has world class hospitals, top medical schools, and one of the highest rates of primary care physicians per capita, and yet we continue to see disparities in health care and outcomes among Maryland's racial and ethnic communities," said Lt. Governor Brown. "It's clear that a lack of access to primary care in many communities is a significant factor driving these disparities. Creating Health Enterprise Zones will provide incentives to increase and expand primary care in underserved communities so we can improve the health of all Marylanders. Addressing health disparities is both a moral and financial imperative, and the work of Dr. Reece and the entire health disparities workgroup has enabled us to craft an innovative plan to help achieve health equity throughout Maryland."

"Good health is a critical foundation for success and long life, and disparities leave a large portion of our population at a huge disadvantage from the start," said Dr. Reece. "Our workgroup set out to devise innovative methods of leveraging the incredible health resources in the state of Maryland to target these disparities. If implemented, we believe

that our recommendations would represent significant steps toward correcting the health inequities that negatively impact a large number of Marylanders. The University of Maryland School of Medicine is looking forward to being part of the solution and continuing its role in this discussion."

HEZs would be designated by the Department of Health and Mental Hygiene in consultation with the Community Health Resources Commission based on an application from a community-based organization or local health department. HEZ's would be contiguous geographic areas that have documented health outcome or health care disparities. Incentives for existing and new primary care practitioners in an HEZ could include loan assistance repayment via the Maryland Loan Assistance Repayment Program (established in 2009); income, property, and/or hiring tax credits; and assistance towards implementing health information technology and other practice expenses. Among other requirements, providers would be required to participate in the Medicaid program to be eligible for zone benefits.

"Unjust and expensive health disparities exist across a wide range of conditions in Maryland," said Dr. Joshua M. Sharfstein, Secretary of the Maryland Department of Health and Mental Hygiene. "The creation of Health Enterprise Zones will help communities target resources to have the most powerful impact."

The Health Disparities Workgroup also recommended the creation of a Maryland Health Innovation Prize, a financial reward and public recognition for an individual, group, organization, or coalition to acknowledge innovative interventions and programs for reducing health outcome or health care disparities in the State of Maryland. Additionally, the workgroup recommended tracking racial and ethnic data for two existing Maryland incentive programs: the hospital care incentive program, administered by the Health Services Cost Review Commission (HSCRC) and the Patient Centered Medical Home (PCMH) program, administered by the Maryland Health Care Commission (MHCC). The workgroup recommends the MHCC and HSCRC study the feasibility of including racial and ethnic performance data tracking in their quality incentive programs.

Addressing health disparities is an important factor for reining in rising health care costs, a priority for the O'Malley-Brown Administration. A 2006 report found that blacks in Maryland are nearly twice as likely be hospitalized for such treatable conditions as asthma, hypertension and heart failure, costing Medicare an additional \$26 million.^[1] Nationally, a 2009 report estimated that between 2003 and 2006, nearly \$230 billion could have been saved in direct medical care costs if racial and ethnic health disparities did not exist.^[2]

Despite numerous positive measures, such as having the 2nd highest rate of primary care providers per capita and one of the ten lowest rates of smoking, Maryland ranks 35th in infectious diseases, 34th in health outcomes, and 33rd regarding geographic health disparities.^[3] The workgroup worked to explore and develop health care strategies and initiatives, including financial, performance-based incentives; to reduce and eliminate health disparities; and to make recommendations regarding the development and implementation of those strategies. The workgroup's full report is attached and is available

online at

<http://www.governor.maryland.gov/ltgovernor/documents/disparitiesreport120117.pdf>.

As Chair of Maryland's Health Quality and Cost Council and Co-Chair of the Maryland Health Care Reform Coordinating Council, Lt. Governor Brown leads the O'Malley-Brown Administration's efforts to reduce costs, expand access, and improve the quality of care for all Marylanders. Under the leadership of Governor O'Malley and Lt. Governor Brown, Maryland has implemented reforms that have expanded health coverage to over 306,000 Marylanders and put the State in position to maximize the federal Affordable Care Act (ACA).

[1] <http://mhcc.maryland.gov/spotlight/disparities2006.pdf>

[2] <http://www.jointcenter.org/sites/default/files/upload/research/files/The%20Economic%20Burden%20of%20Health%20Inequalities%20in%20the%20United%20States.pdf>

[3] <http://www.americashealthrankings.org/MD>