Community Health Resources Commission

August 17, 2018

Rising Tides of Rural Health Care

Mark Luckner
Executive Director, Maryland Community Health Resources Commission
mark.luckner@maryland.gov
410.260.6290
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 additional federal and private/nonprofit resources.

• Of this $23 million, more than $19M has been from private and local resources.
RURAL HEALTH AND CHRC

- 107 grants totaling $28 million in rural communities.
- Served more than 82,000 residents in rural areas.

Types of Programs:
- Primary/Preventative Care
- Dental Care
- Integrated Behavioral Health Services and SUD treatment
- Food Security/Obesity Prevention
RURAL HEALTH AND CHRC

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
Charles County—Mobile Integrated Health Program

- Address health/social determinants and repeated use of emergent care.
- Since launch in August 2017, Charles MIH program has served 66 individuals.
- From three-month pre vs post analysis of first 50 program participants:
  - 60% reduction in ED utilization
  - 48% reduction in EMS utilization
  - 86% reduction in 30-day readmissions.

Amber Starn, Charles County Health Department; John Filer, Charles EMS; and Dr. Dianna Abney, Health Officer, Charles County, receiving award at MIEMMS forum in Annapolis, May 2018.

Charles MIH is estimating $328,620 in ED reductions in the first year of the program.

MIH programs supported by CHRC:
- Charles County
- Wicomico/SWIFT
- Prince George’s County
Lower Shore Clinic’s CareWrap

• Targeted individuals with behavioral health needs who presented at PRMC ED in high volumes.

• Provided intensive case management services to 63 individuals over 15 months.

• CRISP calculated six-month pre vs six-month post analysis 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

• The next meeting of the CHRC will be Sept. 11, 2018.

• Last year’s strategic priorities:
  1. Serving vulnerable populations regardless of insurance status
  2. Promoting health equity and addressing social determinants of health
  3. Innovation, sustainability, and replicability

• Last year’s Areas of Focus:
  1. Essential health services, i.e., primary/preventative care, dental, and women’s health services
  2. Addressing heroin and opioid epidemic through behavioral health integration
  3. Promoting food security and addressing obesity
CHRC FY 2019 CALL FOR PROPOSALS

Timeline of Key Dates of next CHRC RFP

September 11, 2018  Planning meeting of CHRC
Late October/Early November  Release Call for Proposals
Late November  Letters of Intent due
Late December  Deadline for receipt of applications
January 2019  Review of applications
Mid-February 2019  Selected applicants present to the CHRC; grant award decisions follow