

Rising Tides of Rural Health Care

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Worrisome Trend in Rural Communities

- Declining use of hospital services puts existing hospitals and the health systems under stress
- Fear that the primary health care workforce is inadequate
 - Recent Harvard study found Maryland ranked only 22nd among states in the number of patients per primary care physician
- Constraints in transportation systems limit access to care outside local jurisdictions
- Declining hospital revenue and shrinking health care workforce limit the potential for innovation
- Despite increased access to insurance coverage and improved delivery models, there remains limited improvements in the health of the population

Senate Bill 707 Freestanding Medical Facilities- Certificate of Need, Rates, and Definitions

- Legislation established a process for a hospital to convert to a FMF
- Broadened the definition of hospital services to include observation stays and other outpatient services offered at the FMF, as determined by HSCRC in regulations
- Defined the findings MHCC must reach before issuing an exemption from CON review for a conversion
- Legislative debate highlighted significant public concern about the appropriateness of health system changes in rural communities
- Established a moratorium on hospital conversions in Kent County until July 2020
- Established a Rural Health Delivery Workgroup

Senate Bill 707 – Rural Health Delivery Workgroup

● Membership

- General Assembly Members
- Secretary of Maryland Department of Health
- CEO of Rural Hospitals
- Providers, Consumers, Local Governments, Businesses, Labor to be appointed by MHCC
- Walsh Center for Rural Health Analysis
- University of Maryland School of Public Health
- Convened July 2016

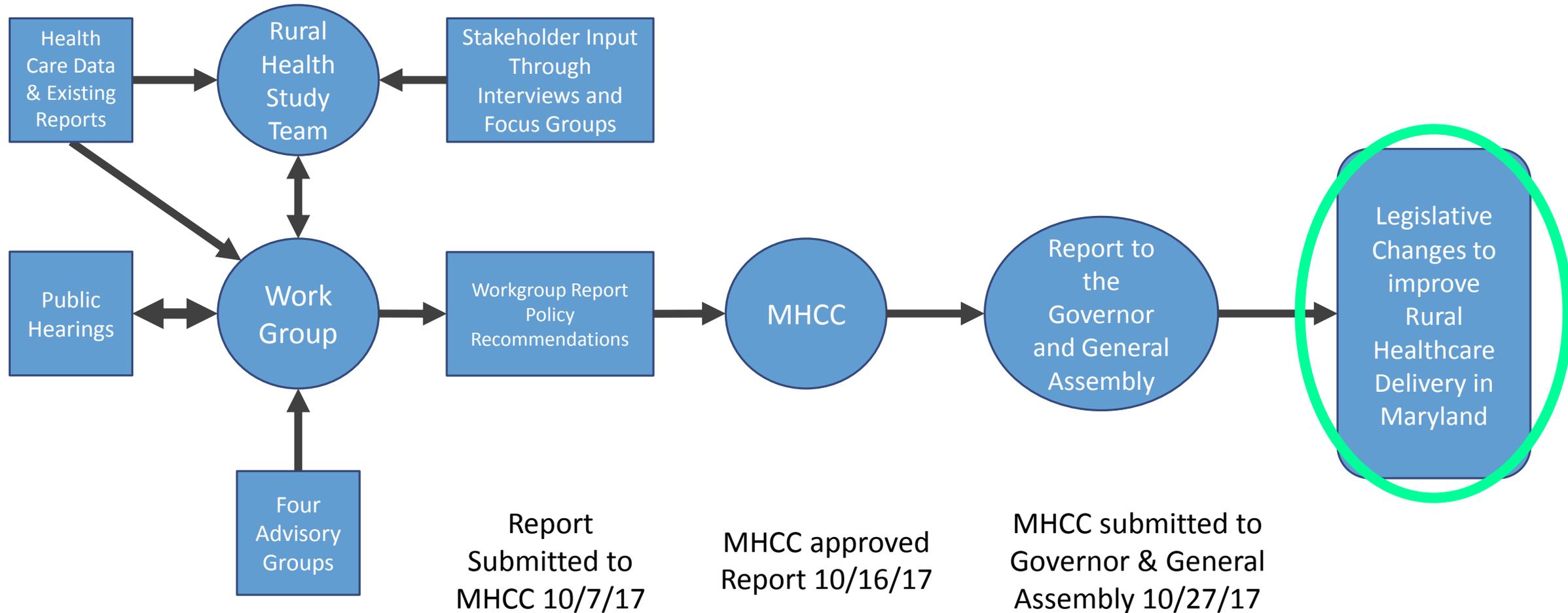
● Charge

- Oversee a study of rural health care needs in the five Mid-Shore counties
- Hold public hearings to gain community input regarding the health care needs
- Identify policy options developed through workgroup meetings, through public input, and from the study
- Specifically recommend the policies that address:
 - The health care needs of residents of the five study counties
 - Improve the health care delivery system in the five Mid-Shore counties
- Issued a report October 2017

Rural Health Delivery Study

- Examine challenges to the delivery of health care in the Mid Shore area including:
 - The limited availability of health care providers and services
 - The special needs of vulnerable populations
 - Transportation barriers
 - The economic impact of the closure, partial closure, or conversion of a health care facility
- Identify opportunities created by telehealth and the Maryland all-payer model contract for the delivery of health care services
- Develop policy options for addressing the health care needs of residents and to improve the health care delivery system in the five counties studied

Framework for the Study and Development of Recommendations



Broad Categorizations of Recommendations

- Foster Collaboration and Build Coalitions to Serve Rural Communities
- Bring Care as Close as Possible to the Patients to Improve Access
- Foster Innovation in Statewide Models and Programs in Rural Maryland

Senate Bill 1056 – Foster Collaborations and Build Coalitions

- Build a Rural Health Collaborative
 - Convene local stakeholders to examine the health care needs of a single region
 - Develop strategic directions for improvements in the health system
 - Manage data collection and analysis to develop regional health and social needs assessments
- Launch a Rural Community Health Demonstration Program – “The Complex”
 - Build a “one-stop-shop” for health and social service needs for patients
 - Ensure access to essential care throughout a region
 - Enable care coordination through the sharing of data and resources

Bring Care as Close as Possible to the Patients

- Strengthen workforce by improving both recruitment of healthcare professionals and training of healthcare professionals
 - Establish Rural Primary Care Residency and Rural Specialty Care Residency Rotation Programs
 - Establish Rural Health Scholarship Program
 - Streamline M-LARP program
- Expand the availability of telehealth and mobile capacity
 - Increase broadband and “last mile” connectivity
 - Establish funding source for demonstration projects throughout the State
- Expand Mobile Integrated Health availability and sustainability

Foster Innovation in Statewide Models

- Develop the health care workforce needed for rural communities to succeed in Total Cost-of-Care Demonstration
- Establish Special Rural Community Hospital
 - Consider the needs of small rural hospitals in maintaining access points for emergency and inpatient care
 - Assist rural communities in succeeding under Total Cost-of-Care Demonstration
- Charge the Community Health Resources Commission with incubating pilot projects in rural communities
 - Could be an important convener of rural health complex

Current Legislation

- Senate Bill 1056 – legislation to establish a Rural Collaborative Pilot Program in the Mid-Eastern Shore was signed in July 2018
- Senate Bill 682 – EMS Study Group for Mobile Integrated Health was signed July 2018
- Consideration of other legislation consistent with Rural Health Workgroup recommendations
 - M-LARP streamlining
 - Rural Health Scholarship Program
 - Rural Residency Programs
 - Innovative Transportation Models
- Three Maryland hospitals have indicated they will convert to FMFs – Harford Memorial, Dorchester General, and Laurel Regional

Health Matters: Navigating an Enhanced Rural Health Model for Maryland

Lessons Learned from the Mid-Shore Counties

To access the Report and Accompanied
Technical Reports go to:

go.umd.edu/ruralhealth

What Does the Future Hold

- Impact of new contract with Medicare for Total Cost-of-Care and Population Health

Questions?

