



MARYLAND HEALTH CARE COMMISSION

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**Workforce Development and Economic Impact & Development
Joint Advisory Group Meeting**

Friday, April 28, 2017

10:00 a.m. – 3:00 p.m.

206 North Commerce Street

Centreville, Maryland 21617

10:00 a.m. – 10:15 am

1. Welcome and brief overview of what needs to be accomplished today.

10:15am- 11:15 am

2. **Discussion of Access to Quality Care (Primary, Acute, Dental, Mental Health)**

Attaining good access to care requires three discrete steps (AHRQ):

- Gaining entry into the health care system (having health insurance, financial resources, a usual source of care)
- Getting access to sites of care where patients can receive needed services (how easily/timely can patients get to available health services to achieve the best outcomes?)
- Finding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust (Communication, Cultural competency, Health literacy)

Additional questions to consider:

- What else should be considered when discussing access in Maryland's Mid-Shore region?
- What health care services are necessary in the Mid-Shore and other rural regions?
- What is the best way to provide access for acute care services?
- What access barriers in this region can be eliminated?

11:15 a.m. – 12:15 pm

3. Discussion of the workforce that is needed to ensure this level of access.

- Workforce Development/Education (including: expanding the role of health care professionals/ use of other health care workers/teaching health center)
 - Role of the Community Health Worker (CHW)
- Rural Residency Training
 - Explore development of a partnership with an existing residency program for a true rural-based program
- Incentives for rural health care professionals
- Expansion of telehealth to increase access to specialists.

Additional questions to consider:

- How can we best achieve local recruitment and training?
- How can we increase incentives for health care professionals (elevate physician reimbursement) in the Mid Shore and other rural areas?

12:15-12:45 pm - BREAK

12:45-1:45 pm

4. What will it take to achieve the access and workforce that is needed to develop a viable health care delivery system in the region and in other rural areas in Maryland?

Legislative Issues & Policy Reform

- Finances and Funding
 - Expand/reform/streamline Maryland Loan Assistance Repayment Program (LARP)
 - More funds (increase number of loans)
 - Better marketing effort
 - Reduce regulations to offer more types of opportunities
 - Expand telehealth funding
 - Suggest further research regarding impediments to telehealth adoption.
 - Elevate Reimbursement of physicians in rural/underserved areas
- Expansion of current resources
 - Expand other local “institutions” to support workforce development
 - Develop Community Health Worker program (CHW program passed the Senate 45-0 (SB988). What were impediments to House passage?)
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- FQHC Expansion Initiatives
 - Expand the existing area FQHC or add a new FQHC to have services available throughout the five-county area (Incenting establishment of FQHCs in certain high need areas such as Chestertown). Establish teaching FQHCs.
 - Brings additional federal funding for uninsured residents
 - Malpractice insurance cost support to providers via FTCA

- Cost-based reimbursement
- MUA/MUP designations
- HPSA designations
- Licensure Changes
 - Improve current professional licensing climate
 - Reduce regulatory “red-tape”
 - Improve access-regulatory boards need to be fully available and helpful!
 - Establish licensing goals that support timely licensing as well as more licensed providers
- Community-based health planning
 - Establish a community-based health planning function going beyond facility planning (regionalized health planning)
- Clarify planning and development of acute care services (size and scope of services)
 - Establish a “Rural Hospital” designation/create a Special Rural Community Hospitals Program under the Maryland Model
 - Define Limited Service Hospital statute
 - Expand/evolve FMF (already established)
 - Suggest a delivery model that significantly lowers the number of beds and array of on-site services based on community need

1:45-2:45 pm

5. Development of a quality model for the Mid-Shore and other rural regions in Maryland that will provide a continuum of care.

- What should the Mid-Shore health care delivery system look like?
 - Develop a “system” that financially rewards formalized networks of area institutions- hospitals, FQHCs, local health departments, AHECs and others
 - Maintain a “hospital presence throughout the five-county area
 - Model would include several “rural hospitals” linked to a “regional hospital”
 - Ensure a combination of high quality and appropriate payment services in new “rural hospitals”
 - Develop a system that offers a continuum of care
- Recommended changes to the current system.

2:45-3:00 pm

6. Next Steps and Closing