

Workforce Development

Policy Idea/ Policy Target	Options for Workforce Development	Examples	Existing Healthcare Delivery Model(s)/Programs with Which This Policy Idea Best Aligns
Tax Credits	<ul style="list-style-type: none"> • Personal Income Tax Credits • Hiring Tax Credits • Retirement Incentives • Credits for employers who pay student loans 	<ul style="list-style-type: none"> • HEZ personal tax credit program (100% State income derived from practicing in HEZ) • HEZ hiring tax credit program (\$10,000 over 2 years for every eligible employee) • Tax credit (break) for providers > 55 years old for practitioners that move to rural communities • Oregon Rural Practitioner Tax Credit and Volunteer EMSP Tax Credit 	<ul style="list-style-type: none"> • Payment Reform Model
Loan Repayment	<ul style="list-style-type: none"> • Streamline the management of State loan repayment programs into one department • Extend loan repayment programs to other health professionals 	<ul style="list-style-type: none"> • Hoffman Loan Repayment Program • LARP/S-LARP • HRSA Loans and Scholarships 	<ul style="list-style-type: none"> • Payment Reform Model
Medical Immigration	<ul style="list-style-type: none"> • J1 Visa Program • Foreign Medical Graduates 	<ul style="list-style-type: none"> • Prioritize underserved and or rural areas for J1 Visa Program. • Request additional J1 slots 	<ul style="list-style-type: none"> • Primary Care Model
Create New Pipelines	<ul style="list-style-type: none"> • Rural Residency Programs • Medical School Focused on Primary Care • Under Graduate, Middle and High School Programs • Distance Education Programs 	<ul style="list-style-type: none"> • Medstar St. Mary's Rural Residency Program • Eastern Virginia Medical School, Florida State University College of Medicine • University of Maryland SOM Primary Care tract 	<ul style="list-style-type: none"> • Primary Care Model • Advanced Primary Care Team Model

	<ul style="list-style-type: none"> Options for Medical Students who do not match to residency program 	<ul style="list-style-type: none"> Learning Exchange Reverse Demonstration Model (University of Missouri Kansas City) Rescue Divas- Wisconsin Forward New Mexico 	
Licensing		<ul style="list-style-type: none"> House Bill 998 of 2016- Reciprocity bill (ED checking on BOP regulations) 	
Small Business Loans	<ul style="list-style-type: none"> State-backed low-cost loans and grants to medical practices for the startup and recruitment of new providers in rural areas 		<ul style="list-style-type: none"> Primary Care Model
Enhanced payment to rural providers		<ul style="list-style-type: none"> Frontier Community Health Integration Program 	<ul style="list-style-type: none"> Payment Reform Model Maryland Primary Care Model Geographic Model

- Oregon Tax Credits <http://www.ohsu.edu/xd/outreach/oregon-rural-health/providers/provider-tax-credits/index.cfm>
- Rescue Divas <http://nwcep.org/career-exploration-and-trainings/rescue-divas/>
- HRSA Loans and Scholarships- <http://www.hrsa.gov/loanscholarships/index.html>
- Learning Exchange Reverse Demonstration Model- <https://www.ruralhealthinfo.org/community-health/project-examples/754>
- Forward New Mexico- <http://swchi.org/forward-nm/>
- Maryland Primary Care Model- http://pophealth.dhmmh.maryland.gov/Documents/DHMH%20Primary%20Care%20Model%20progression_10.18.16.pdf

Vulnerable Populations

Policy Idea/ Policy Target	Options for Meeting the Needs of Vulnerable Populations	Examples	Existing Rural Healthcare Delivery Model(s) with Which This Policy Idea Best Aligns
Mobile health care	<ul style="list-style-type: none"> • Target high utilizers • Avert emergency department visits • Better manage chronic conditions • Team approach 	<ul style="list-style-type: none"> • Mobile Integrated Medical Home • Mobile and Telehealth (Union Hospital)- Home monitoring of patients with Chronic Conditions • Mobile crisis team • The Health Wagon- VA 	<ul style="list-style-type: none"> • Primary Care Model • Advanced Primary Care Team Model • Rural Work Force Development Model
Dental Issues	<ul style="list-style-type: none"> • Improve access to dental care 	<ul style="list-style-type: none"> • Mission of Mercy • Choptank Oral Health Program (Co-locating primary care and dental care) • The Health Wagon-VA 	<ul style="list-style-type: none"> • CHRC RFP/additional CHRC grants
Community Health Focus	<ul style="list-style-type: none"> • Team care with primary care, case manager • Use of Community leaders • Culturally and linguistically appropriate services 	<ul style="list-style-type: none"> • Vermont’s “Blueprint for Health” • Garret County peer navigation program (Transportation workgroup discussed) 	<ul style="list-style-type: none"> • Maryland Primary Care Model (greater care coordination, education for primary providers) • Rural Work Force Development Model • CHRC RFP/additional CHRC grants
Provide all services in one area	<ul style="list-style-type: none"> • Co-locating health services, one stop shop. • Resource sharing 	<ul style="list-style-type: none"> • Choptank Oral Health Program & Primary care • Behavioral health with primary care • HRSA Program: Pregnant women (OB GYN) and Dental care 	<ul style="list-style-type: none"> • Integration of Systems Model • CHRC RFP/additional CHRC grants
Funding for special projects	<ul style="list-style-type: none"> • Create an endowment for special projects 	<ul style="list-style-type: none"> • Community Health Resources RFP/CHRC grants 	

Enhance Telehealth Infrastructure	<ul style="list-style-type: none"> • Use telehealth for mental health care • Train staff that will support primary care • Specialty care via telehealth 	<ul style="list-style-type: none"> • Union Hospital telehealth • MHCC Telehealth Grants 	<ul style="list-style-type: none"> • Technology Improvement Model
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- The Health Wagon <http://thehealthwagon.org/hwwp/>
- MHCC Telehealth Grants- http://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/hit_telemedicine_grants.aspx
- Maryland Primary Care Model- http://pophealth.dhmh.maryland.gov/Documents/DHMH%20Primary%20Care%20Model%20progression_10.18.16.pdf
- CHRC FY 2017 RFP, <http://dhmh.maryland.gov/mchrc/Pages/notices.aspx>
- CHRC Dental Grants, http://dhmh.maryland.gov/mchrc/pages/grantee_dental.aspx
- CHRC Behavioral Health Grants, http://dhmh.maryland.gov/mchrc/Pages/grantee_behavioral-health.aspx

Transportation/Access to Care

Policy Idea/ Policy Target	Options for Reducing Transportation and Access to Care Barriers	Examples	Existing Rural Healthcare Delivery Model(s) with Which This Policy Idea Best Aligns
Transportation for the non-Medicaid population	<ul style="list-style-type: none"> • Health department control of transportation • Ride Sharing availability 	<ul style="list-style-type: none"> • Caroline County • LYFT/UBER health initiatives (Service not available on Eastern Shore, however tech platform may be) 	
Mobile Integrated Community Health	<ul style="list-style-type: none"> • Team approach with Health Department, EMS.... • Increase primary care for chronic conditions to decrease ER use • Integrate with Mobile Crisis Program • Use of CRISP 	<ul style="list-style-type: none"> • Queen Anne’s County and Charles County 	<ul style="list-style-type: none"> • Primary Care Model (focus on prevention/disease management) • Rural Work Force Development Model (use of physician extenders)
Use of Community Caregivers	<ul style="list-style-type: none"> • Use of community health workers (CHW), nurses, home health, social workers • Seek reimbursement for CHW • Peer Navigators 	<ul style="list-style-type: none"> • Garrett Medical Center “Well Patient Program” • AHEC- 160 hour training for CHW 	<ul style="list-style-type: none"> • Community Based Care Model • Rural Work Force Development Model (Training programs)
Health Enterprise Zones	<ul style="list-style-type: none"> • Increased care coordination • Partnerships • Use of CHW 	<ul style="list-style-type: none"> • Choptank Health System CHW training 	<ul style="list-style-type: none"> • Primary Care Model (increase care coordination) • Rural Work Force Development Model (use of physician extenders)
Telehealth	<ul style="list-style-type: none"> • Expand Telehealth • Provide telehealth training to health care providers 	<ul style="list-style-type: none"> • Effective in New Hampshire 	<ul style="list-style-type: none"> • Primary Care Model • Health Care Homes Development Model
Integration of Services	<ul style="list-style-type: none"> • Medical campus with both primary care and specialists 	<ul style="list-style-type: none"> • Garrett Regional Medical Center 	<ul style="list-style-type: none"> • Primary Care Model

	<ul style="list-style-type: none">• Resource sharing		<ul style="list-style-type: none">• Integration of Systems Model
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*Some comments of the transportation advisory group revolved around access to providers in the five county region and can be addressed by the workforce workgroup

Maryland Primary Care Model-

http://pophealth.dhmm.maryland.gov/Documents/DHMH%20Primary%20Care%20Model%20progression_10.18.16.pdf

Impact of Health Care Innovation on Local Economic Development

Policy Idea/ Policy Target/ Issue	Details/Ideas	Examples	Challenges
Status Quo	<ul style="list-style-type: none"> • Maintain existing capacity • Greater engagement of communities • County investment through increase mill rate etc • Local philanthropy 	<ul style="list-style-type: none"> • Garrett County memorial 	<ul style="list-style-type: none"> • Existing GBR model • Need to address physician deficits • Impact on employment • Ability to attract industry • Sustainability
Anson Hospital model	<ul style="list-style-type: none"> • Micro hospital – 15 beds • ED + inpatient beds medical only limited surgery 	<ul style="list-style-type: none"> • Anson NC 	<ul style="list-style-type: none"> • No unique Maryland financing model. Sustainability? • Ability to attract
Freestanding Medical Facilities	<ul style="list-style-type: none"> • Transition Model 	<ul style="list-style-type: none"> • Queenstown, Bowie, Germantown 	<ul style="list-style-type: none"> • Can back office services be located apart from the hospital?
Population health	<ul style="list-style-type: none"> • Develop strategies to transition to population health • Identify performance improvement opportunities • Incentives for delivering safe, effective care 	<ul style="list-style-type: none"> • PA pilot model 	
Geographic Model	<ul style="list-style-type: none"> • Community agrees to take responsibility for health 	<ul style="list-style-type: none"> • British Primary Care Trusts 	<ul style="list-style-type: none"> • Who convenes? • Who is accountable?

Integration of services	<ul style="list-style-type: none"> • Resource sharing • Collaboration of health & wellness practices • Business owner involvement 	<ul style="list-style-type: none"> • Chester River Wellness Alliance 	
Telemedicine			<ul style="list-style-type: none"> • Technology Improvement Model
Develop Economic Enterprise Zones	<ul style="list-style-type: none"> • Expand businesses around hospital • Community Based Care Model (engage local businesses in health care access) 	<ul style="list-style-type: none"> • Look to where they worked in 1980s? • Limited success – see Minnesota and Colorado. 	<ul style="list-style-type: none"> • Back to the future idea • Considerable evidence that these initiatives don't create much economic development overall, but do rearrange it. Particularly urban areas, through the miracle of free enterprise.
Relocation of a Hospital	<ul style="list-style-type: none"> • Memorial at Easton 		<ul style="list-style-type: none"> • What happens around an area when a hospital moves?

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