

# Rural Health Care Delivery in the Mid-Eastern Shore Area of Maryland: Results of the Public Hearings

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# Today's Presentation

- Overview of the public hearings including:
  - ✓ Health system strengths
  - ✓ Health system challenges
  - ✓ Needs/suggestions
- How public hearing recommendations align with Workgroup recommendations

# Overview of the Public Hearings

- One public hearing was held in each of the 5 study counties between May 24<sup>th</sup> and June 13<sup>th</sup>, 2017
- The public hearings varied in attendance from a handful of residents at the Dorchester County (Hurlock Volunteer Fire Department) public hearing to approximately 125 community members at the Kent County (Washington College) public hearing.
- All public hearings had an introductory segment where residents were introduced to state and local officials and members of the research team. They were also given a brief description of the purpose of the public hearing.

# Senate Bill 707

- **“The workgroup shall: hold public hearings to gain community input regarding the health care needs in the five study counties”**
- **“The study required under subsection (e) (1) of this section shall: take into account the input gained through the public hearings held by the workgroup”**

# Health System Strengths

Strengths	Caroline County	Dorchester County	Kent County	Queen Anne's County	Talbot County
Ability to Partner Locally – (but need seed money)	X		X		X
Mobile integrated community health					X
County Council that works to find solutions					X
Park and Recreation system- promote health and provide activities	X				
School-based medical care	X	X	X		
Local United Way			X		

# Health System Challenges

Challenges	Caroline County	Dorchester County	Kent County	Queen Anne's County	Talbot County
Difficult to find PCP/ other HC prof.	X	X	X	X not in network	X
Lack of timely access to care	X long drive	X	X		X
PCP offices close at 5pm	X				X
If residents cannot reach PCP they go to ED					X
Resident's view of hospital- (poor quality/outdated)	X	X	X		X
Residents place trust in PCP with no hospital affiliation					X

# Health System Challenges

Challenges	Caroline County	Dorchester County	Kent County	Queen Anne's County	Talbot County
Residents are confused by the health system					<b>X</b>
Lack of appropriate public transportation to hospital/services	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Poor Counties receive little help from State	<b>X</b>				
Volunteer EMS/Low wages	<b>X</b>	<b>X</b>	<b>X</b>		
Lack of interstate MA payment	<b>X</b>				
Problems coordinating care	<b>X</b>				

# Needs and/or Suggestions

Needs and/or Suggestions	Caroline County	Dorchester County	Kent County	Queen Anne's County	Talbot County
Need resident's input into health care discussions		X	X	X	X
Behavioral health services	X	X		X	X
Need Specialists (Need behavioral health-in Schools) OB/ cardiology	X	X	X	X	



# Needs and/or Suggestions

Needs and/or Suggestions	Caroline County	Dorchester County	Kent County	Queen Anne's County	Talbot County
Need for increased health literacy/community-based education		X		X	X
Need for increased communication- (Q&A forums, CLAS, translational services)	X	X			X
Need mobile health care/ telehealth		X	X	X	
Special hospital designation for rural communities	X	X	X		

# Needs and/or Suggestions

Needs and/or Suggestions	Caroline County	Dorchester County	Kent County	Queen Anne's County	Talbot County
Rural Residency Need PCPs (also NP program at Chesapeake College)	X				X
Need for CHW/ Need patient advocates/ navigators			X		X
Focus on wellness rather than illness/Chronic disease prevention		X	X		
Limit competition by unregulated services				X	X
Fix Insurance issues (only licensed brokers, make affordable, flexible plans)				X	
Integrated EHR/expansion of CRISP					X
Dental Health Services					X

# How public hearing recommendations align with Workgroup recommendations

**11 of the 15 recommendations mentioned in the public hearings were also recommendations (or a part of one of the recommendations) of the Advisory Groups.**