Maryland Mid-Shore Rural Health Independent Research Progress Update

Presentation to Rural Health Care Delivery Working Group

March 27, 2017

The Walsh Center for Rural Health Analysis

NORC AT THE UNIVERSITY OF CHICAGO

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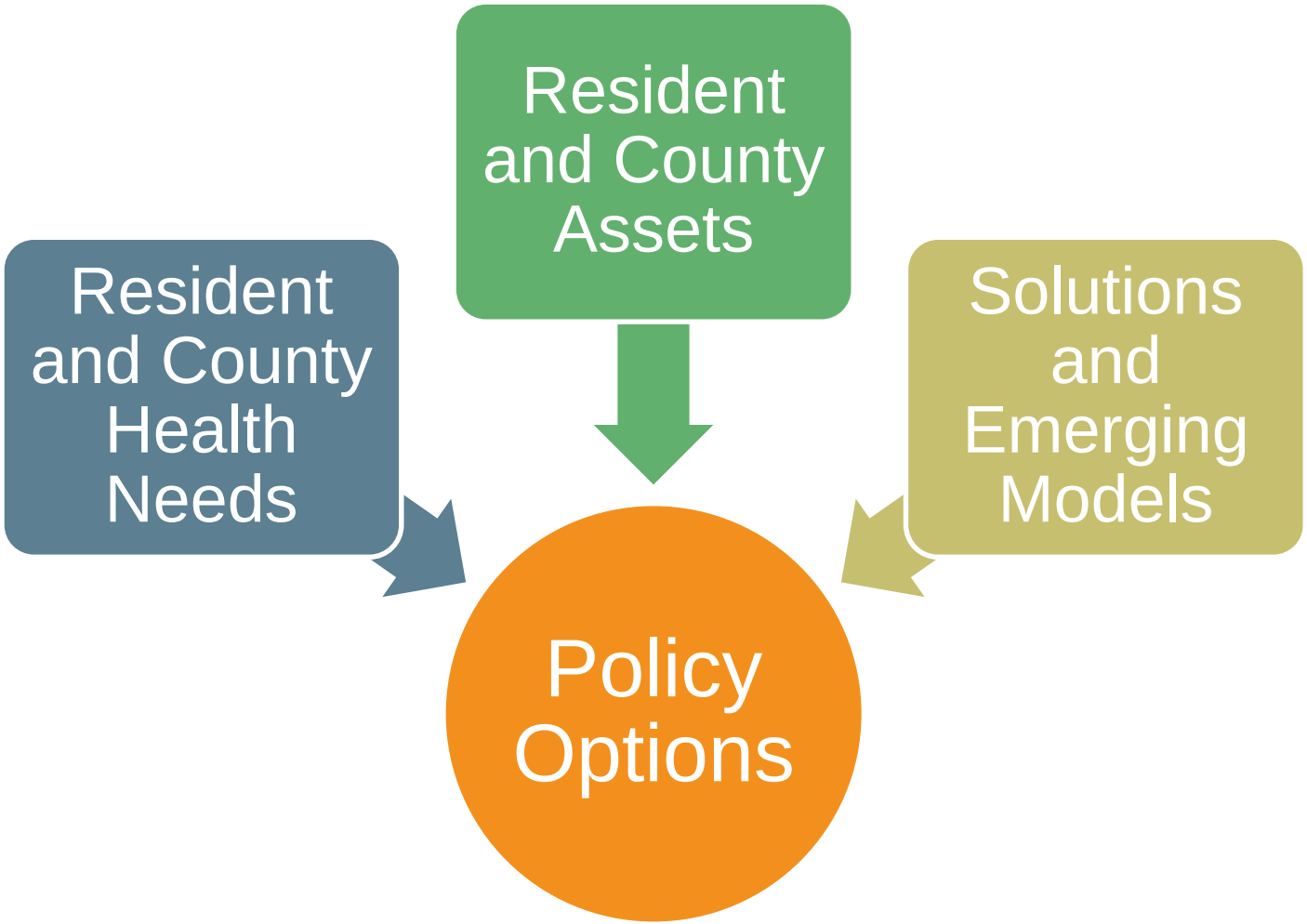
Introduction

- Input into Work Group report and recommendations:
  - UMD-SPH and NORC Walsh Center for Rural Health Analysis
  - Public Hearings
  - Advisory groups
  - Presentations to Work Group and deliberations
- Ongoing study by SPH/NORC
  - Project started – September 2016
  - Final Report – August 2017
- Purpose of today's presentation is to give a flavor of the ongoing data collection and analyses
- Data collection and analyses are incomplete

Presentation Overview

- Study Framework
- Preliminary quantitative findings:
  - Health Care Use
  - Primary Care Workforce
  - Technology
  - Economic Development
- Preliminary qualitative findings from stakeholder interviews
- Early reflections for options and models

Study Framework



Quantitative study in progress

- Hospital service areas and payers
- Health care patterns
  - We are using Maryland All Payers Claims Data, Medicare and Medicaid data to see where residents from the 5 counties go for care.
  - Our analyses address each county and by payer
  - Also included are:
    - Inpatient hospital services, outpatient hospital services, and professional services.
    - Targeted analyses for chronic conditions and behavioral health.
    - Targeted analyses for vulnerable populations: Medicare, Medicaid, and Dual Eligibles
- To date, patterns for privately insured patients in the Maryland Medical Care Data Base have been completed
- Final report will include patterns for Medicare and Medicaid populations

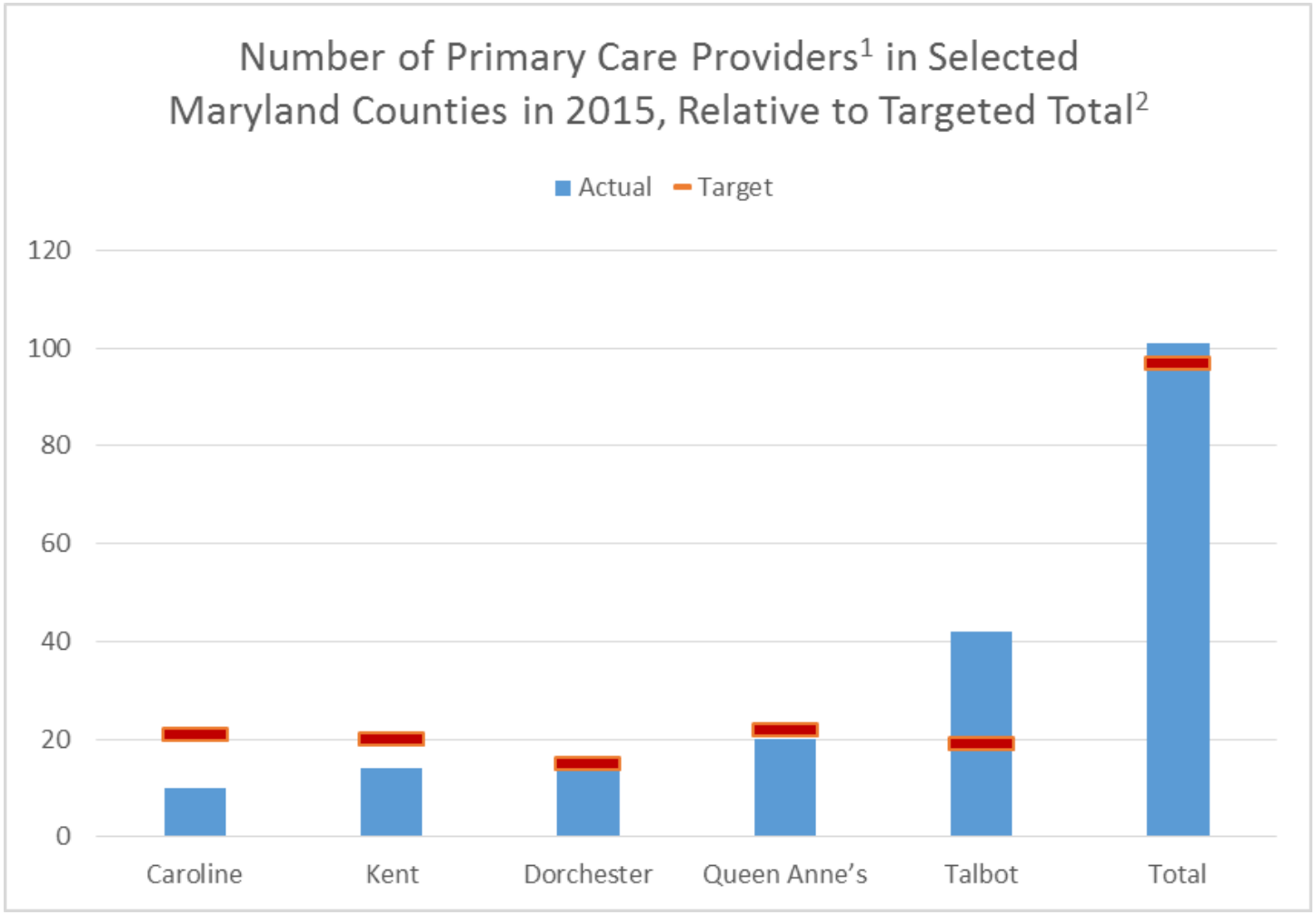
Qualitative study in progress

- Focus Groups
  - 1 focus group per county (about 10 participants per group)
  - 3 focus groups are completed
  - 2 focus groups will be completed by end of March
- Stakeholder interviews
  - 15 completed across the 5 counties
  - Data still need to be analyzed
- Other interviews
  - As needed to gather important information

Payers for UM Shore Medical Health Centers:
Percentage of all discharges 2014 HSCRC data

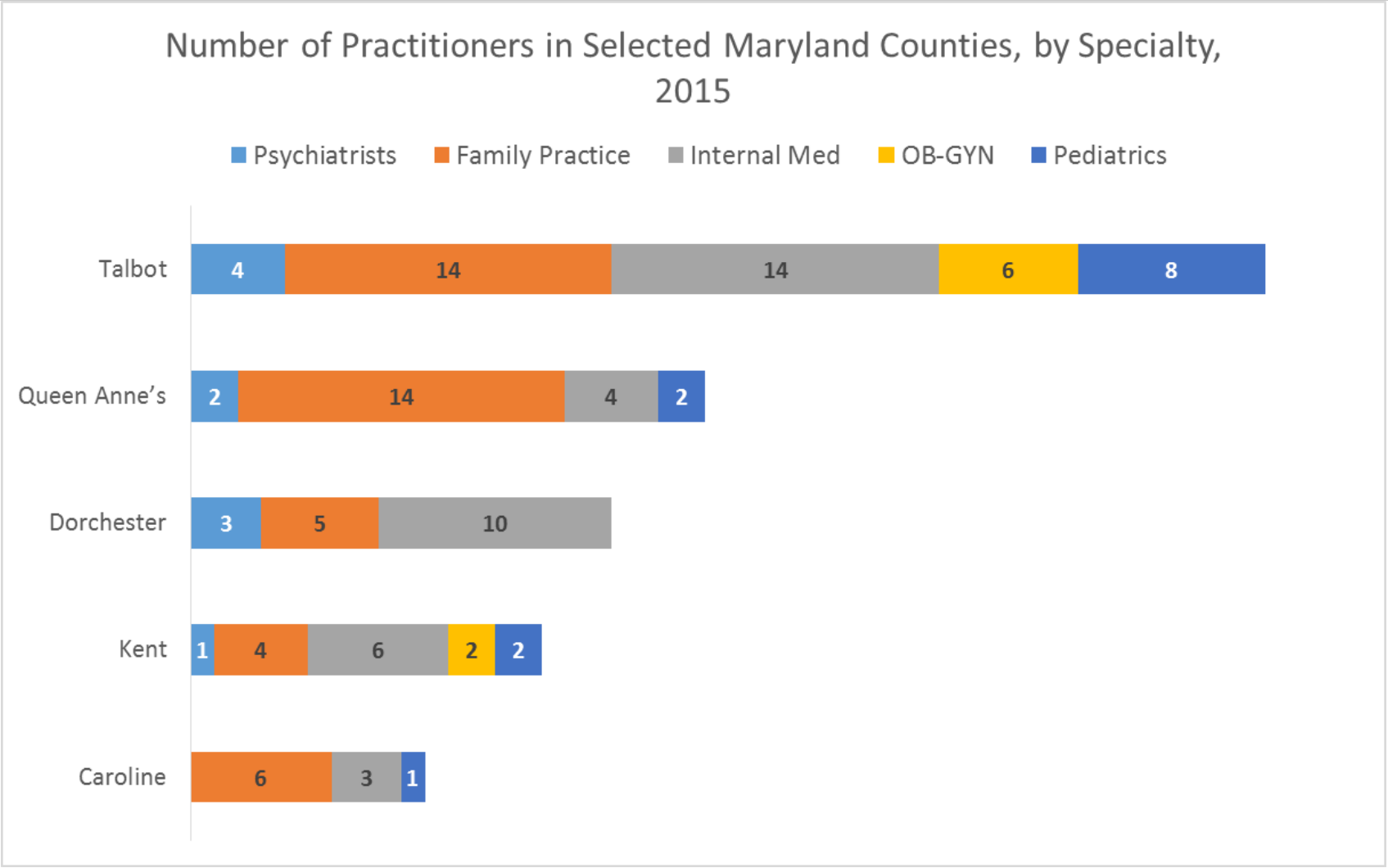
UM Shore Medical Center at Dorchester				
	Inpatient (n=339)	Outpatient: ED	Outpatient: Ambulatory	Observational stay
Medicare	55	19	48	60
Medicaid	24	49	8	21
Uninsured	4	11	2	4
Private insurance	12	17	35	14
Other	4	5	6	1
UM Shore Medical Center Chestertown				
	Inpatient (n=376)	Outpatient: ED	Outpatient: Ambulatory	Observational stay
Medicare	73	23	53	63
Medicaid	12	38	11	15
Uninsured	2	8	2	3
Private insurance	10	23	28	13
Other	2	8	6	6
UM Shore Medical Center at Easton				
	Inpatient (n=1,816)	Outpatient: ED	Outpatient: Ambulatory	Observational stay
Medicare	51	21	50	56
Medicaid	22	38	12	19
Uninsured	2	10	3	3
Private insurance	19	23	28	16
Other	6	8	7	6

Workforce Shortages in Maryland Counties



[1] "Primary Care Providers" consists of Family Practice, General Practice, Gynecology, Internal Medicine, Obstetrics and Gynecology, and Pediatrics
[2] Target numbers are based on a 2000:1 resident to PCP ratio
Data source: 2015 Physician Renewal Data

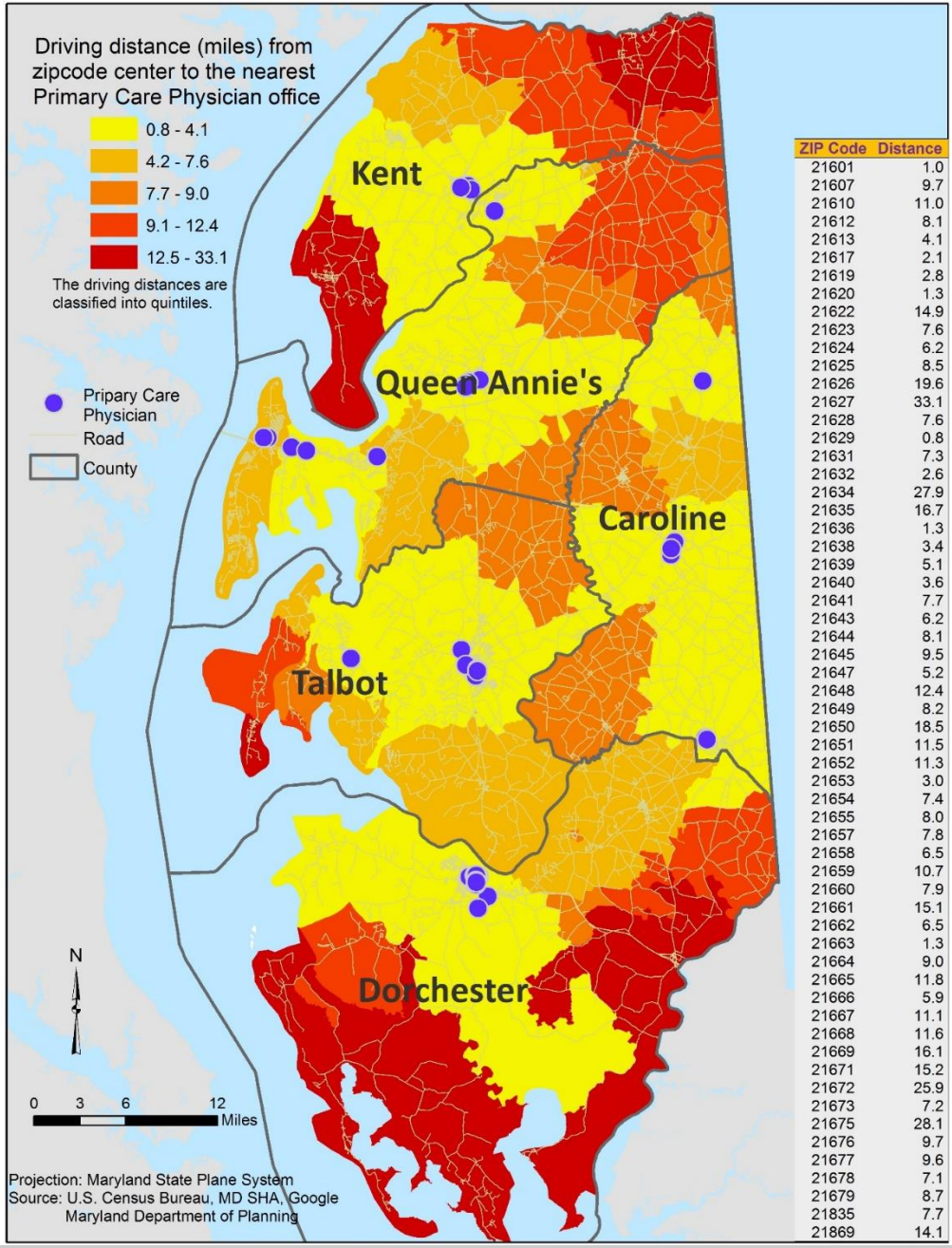
Workforce Participation in Maryland Counties



Data source: 2015 Physician Renewal Data

Miles time to PCPs

- Primary care physicians (PCPs) are clustered
- Some residents live up to 33 miles away from the nearest PCP.
- *Note: We also have documented driving time separately. Some residents live up to 48 minutes away from the nearest PCP.*



ZIP Code	Distance
21601	1.0
21607	9.7
21610	11.0
21612	8.1
21613	4.1
21617	2.1
21619	2.8
21620	1.3
21622	14.9
21623	7.6
21624	6.2
21625	8.5
21626	19.6
21627	33.1
21628	7.6
21629	0.8
21631	7.3
21632	2.6
21634	27.9
21635	16.7
21636	1.3
21638	3.4
21639	5.1
21640	3.6
21641	7.7
21643	6.2
21644	8.1
21645	9.5
21647	5.2
21648	12.4
21649	8.2
21650	18.5
21651	11.5
21652	11.3
21653	3.0
21654	7.4
21655	8.0
21657	7.8
21658	6.5
21659	10.7
21660	7.9
21661	15.1
21662	6.5
21663	1.3
21664	9.0
21665	11.8
21666	5.9
21667	11.1
21668	11.6
21669	16.1
21671	15.2
21672	25.9
21673	7.2
21675	28.1
21676	9.7
21677	9.6
21678	7.1
21679	8.7
21835	7.7
21869	14.1

Data source: 2015 Physician Renewal Data and google method to compute the distance from the centroid of zip code to the nearest primary care physician

Stakeholders interviews: Preliminary reflections

- Support for existing primary care providers
  - Appreciation/satisfaction with existing primary care doctors, concern with potential retirements
  - Need for more mid-level providers
  - Interest in more Community Health Workers for outreach and help with case management
- Difficulty accessing specialists
  - Specialists rotating by day of the week
  - Mobile clinics have been mentioned for some services
- Substance abuse epidemic
  - Difficulties obtaining treatment, long wait lists
  - Lack of recovery sites
  - Impact on the workforce and unemployment

Stakeholders interviews: Preliminary findings

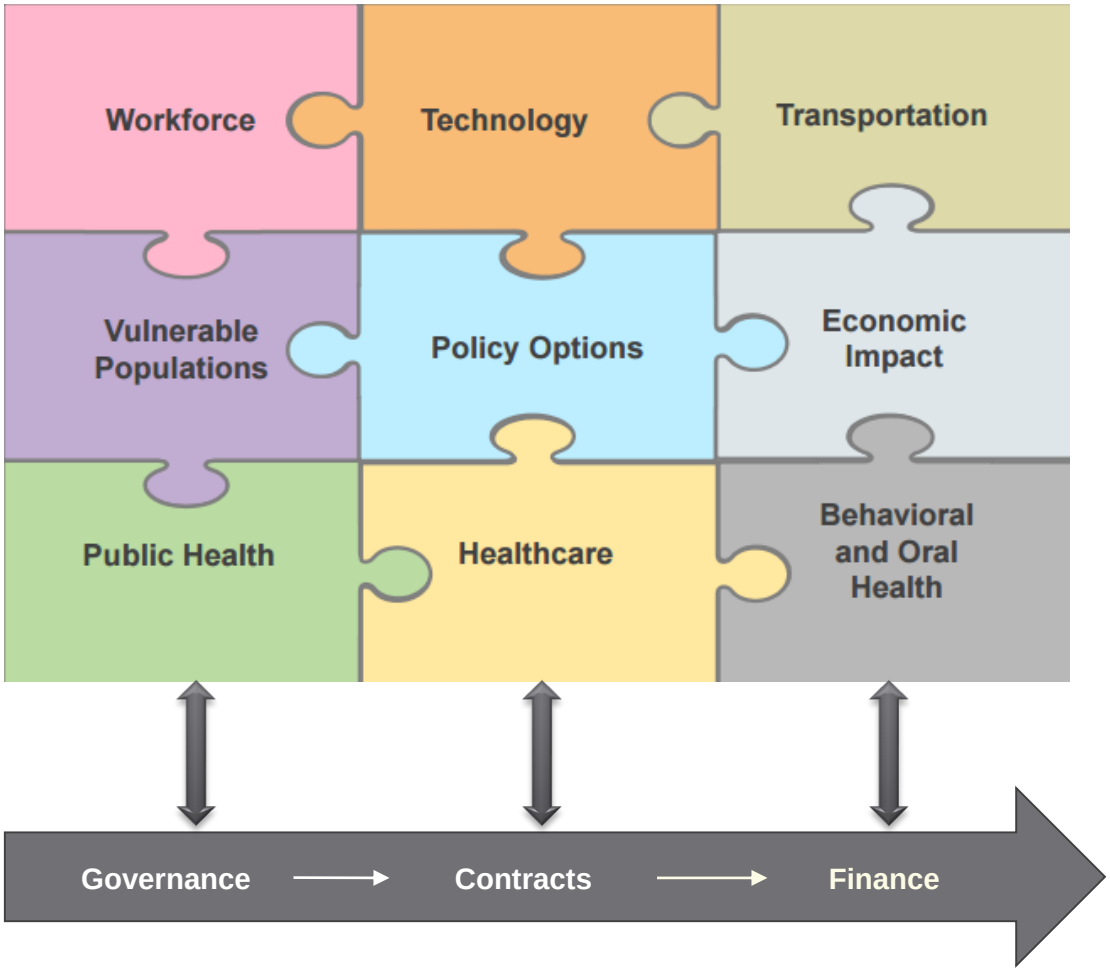
- Transportation
  - Limited transportation
  - Elderly and low SES most affected
- Job opportunities exist, but lack of qualified local workforce
  - Many blue collar jobs open
  - Local colleges starting or growing trade programs
  - Need local education and training for nurses, health aides
- Difficulty recruiting professionals
  - Concerns with school quality
  - Limited opportunities for spousal employment
- Growing Hispanic population
  - Language barriers when accessing care
  - Social services needed for children and families

Discussion

Identification of rural health innovation models with capacity to scale up / apply to Mid-Shore Region

- Identify local and/or national models that address major challenges
- Assess models using a comprehensive systems-based framework, including key strategies, initiatives, targets and measures
  - Consider applicability of models in context of the Global Budget
- Apply criteria for model selection
  - Examples of possible criteria: quality of care, population health impact, acceptance by residents, financial sustainability, workforce requirements, licensure issues, waiver and CON requirements, governance structure, and legislative/regulatory requirements
- Explore model capacity for engagement and alignment under new models including the roles of boards, providers, staff and community members

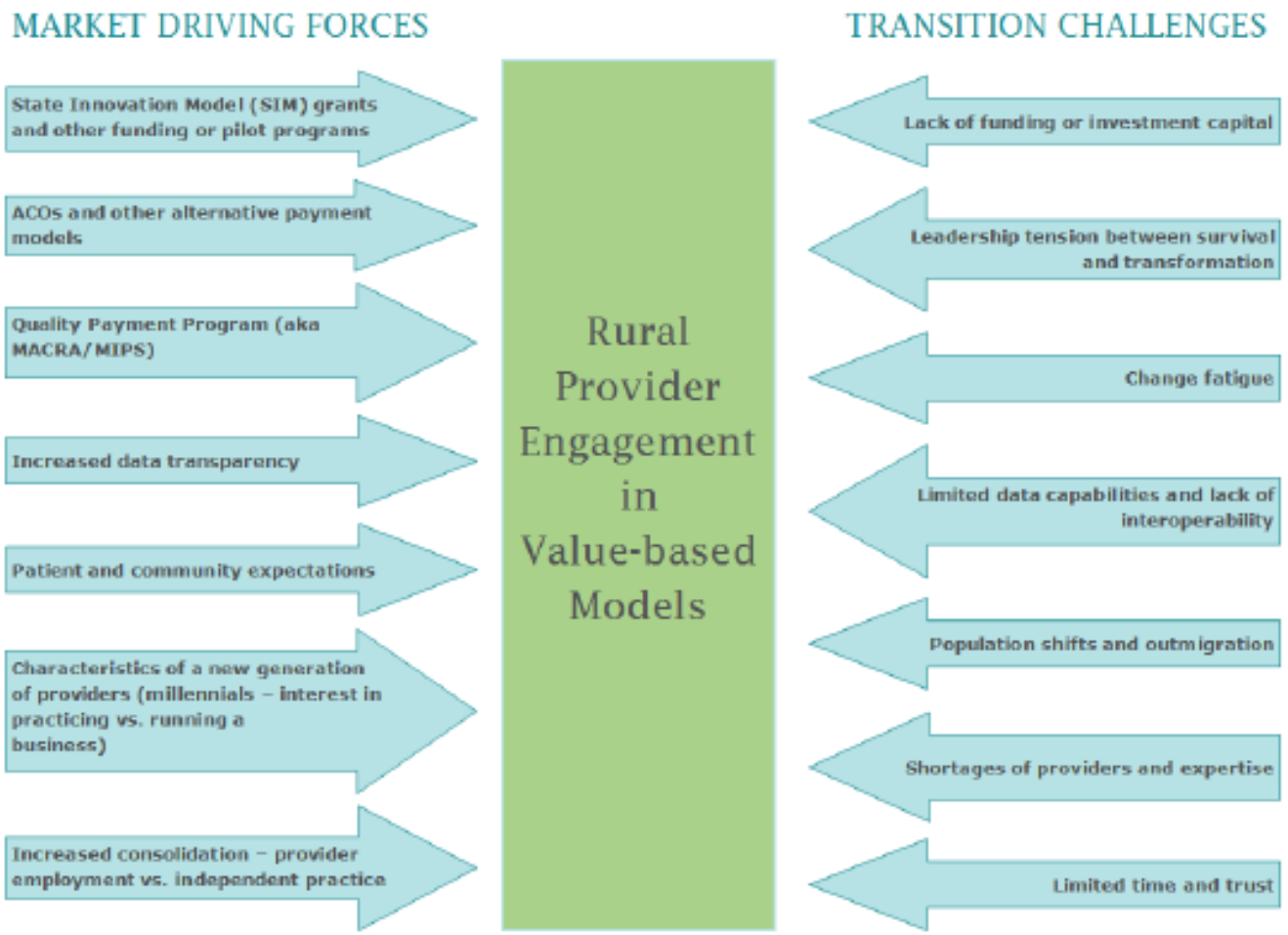
Inter-related Issues



Shifting from Volume to Value Payment Models is Incremental

- Increases focus on population health
  - Health care
  - Public health
  - Behavioral health
  - Oral health
  - Social services
  - Extension programs
- Requires culture changes
  - Improve documentation
  - Convene partners to support care coordination
  - Add community care workers
- Data is key
  - Enhance data analytical capacity

Rural Provider Leadership Summit – May 2016



Source: National Rural Health Resource Center, https://www.ruralcenter.org/srht/resources/rural-provider-leadership-summit-findings

How do we make the shift?

- **Patient Centered Medical Neighborhoods**
  - A clinical-community partnership that includes the **medical** and social supports necessary to enhance health, with the patient-centered medical home (PCMH) serving as the **patient's** primary “hub” and coordinator of health care delivery
  - Collaborate with “medical neighbors”
  - “Focuses on meeting the needs of the individual patient, but also incorporate aspects of population health and overall community health needs." Agency for Healthcare Research and Quality (AHRQ)

Source: Patient-Centered Primary Care Collaborative -- https://www.pcpcc.org/content/medical-neighborhood

The Medical Neighborhood

Sakakawea Medical Center, Hazen, North Dakota

Darrold's video: https://vimeo.com/user53397550/review/198872146/c88012ec71

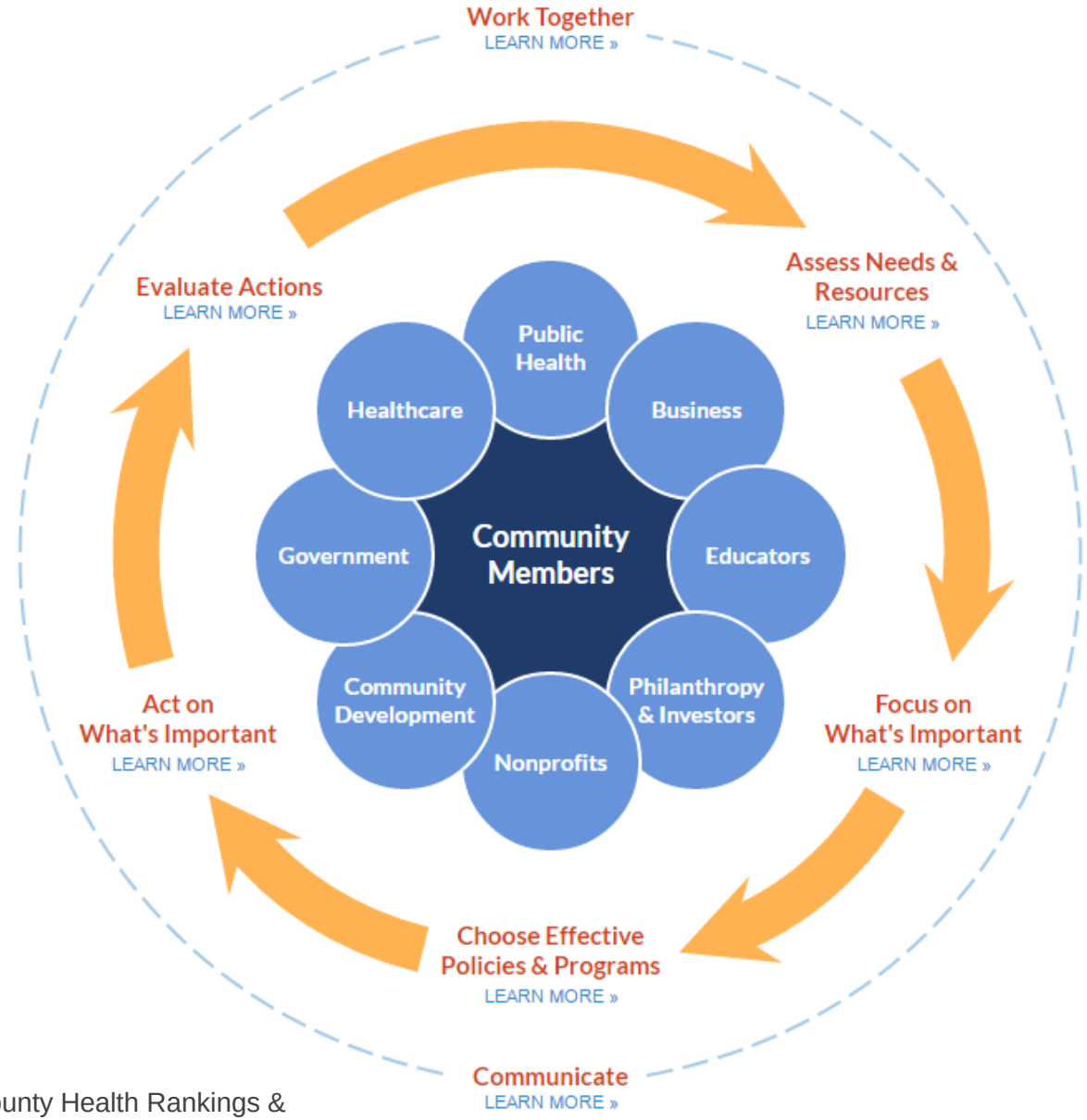
Rural Transportation Solutions

- Oregon Ride to Care Program
  - The transportation service, Ride to Care, provides free rides to covered health care appointments for Oregon Health Plan (OHP) members
  - https://www.ridetocare.healthcare/
- Tri-Valley Opportunity Council Rural Transportation – Minnesota
  - https://www.tvoc.org/services/transportation/
- SMiles Senior Transportation – Tennessee
  - https://www.ruralhealthinfo.org/community-health/project-examples/809

Rural Solutions to Behavioral Health and Substance Use Disorders

- Vermont Care Network Advocates for Behavioral Health and Developmental Disability Agencies
  - https://youtu.be/BiHWhwgksVk?list=PLstOftmjxj6muiIbWre2_b6ZO1qfZpzEl
- Madison Outreach and Services through Telehealth (MOST) Network - Texas
  - https://youtu.be/YzglCdDe5Ls?list=PLstOftmjxj6muiIbWre2_b6ZO1qfZpzEl
- Addiction Recovery Mobile Outreach Team - Pennsylvania
  - https://youtu.be/78p267G79ic?list=PLstOftmjxj6muiIbWre2_b6ZO1qfZpzEl

Economic Development: Williamson, West Virginia



Source: RWJF County Health Rankings & Roadmaps Action Center

Summary – Next Steps

- Analyze additional health care utilization data
  - Compare utilization across five counties
- Produce reports of the focus groups and stakeholder interview findings
  - Identify themes, issues for consideration and recommendations
- Design option models informed by priorities, data and community input
  - Workgroup to establish Guiding Principles and identify priorities
  - Harmonize option models with Maryland's Global Budget Progression Plan
- Discuss qualitative findings with input from Workgroup's Public Hearings in May
- Present final report to Workgroup in August

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Thank You!

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