Maryland Mid-Shore Rural Health Study Update

Presentation to Rural Health Care Delivery Working Group

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The Walsh Center for Rural Health Analysis
NORC AT THE UNIVERSITY OF CHICAGO

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SCHOOL OF PUBLIC HEALTH

Presentation overview

- Approach to stakeholder interviews and focus groups
- Select highlights of “what works well” and “challenges” from stakeholders and focus groups
- Proposed solutions integrated with Advisory Group recommendations

Bottom-line Messages

- Mental and behavioral health can not wait.
- Traditional approaches to health care delivery will not work. Rural health requires innovative and flexible strategies.
- Residents and stakeholders are interested in immediate action plans with their input.

Common Health Issues Raised

- Continuum of Care for Vulnerable Populations:
  - need for broad care continuum (home visits, community programs and supports, traditional care)

- Mental/Behavioral Health Enhancement:
  - mental health remains a stigma; growing problem; need urgent care, transitional recovery housing; support for accreditation for substance abuse counselors

- Dental Health Care:
  - need providers and coverage for dental care for underserved adults

- Desire for Disease Prevention, Health Promotion and Health Literacy:
  - expressed as education for children, individuals & families with emphasis on health promotion and disease prevention rather than medical treatment

Qualitative study

STAKEHOLDER INTERVIEWS

- Conducted 15 stakeholder interviews and interviewed 8 content experts (health officers, EMTs, health care providers, internet providers)
- 3-7 interviews in each county
- Recommended by Work Group members, MHCC, University of Maryland Extension, and word of mouth
- Represented individuals active in directing programs/initiatives in health care, education, social services, economic development, transportation, faith community, technology, community advocacy
- Designed to get broad-based perspectives

FOCUS GROUPS

- Conducted 5 focus groups (one in each county); held in libraries
- Planning and outreach support provided by University of Maryland Extension and MHCC
- Designed to get beliefs, perceptions, and opinions of individual community-dwelling members

Methods: Approach to Stakeholder Interviews

- Background provided on Work Group, role of study, and major issues to be addressed

- Stakeholder Questions:
  - *What is working well?*
  - *What are the challenges?*
  - *To address the challenges, what existing solutions can be scaled up, and what new solutions should be considered?*

- Issues addressed include:
  - Healthcare and Access; Public Health; Healthcare Workforce; Technology/Telemedicine; Economic Development; Transportation; Vulnerable Populations

- Hour-long interviews predominantly conducted in-person (March-May)

Methods: Approach to Focus Groups

- Background provided on purpose role of study and intent to obtain community members' views about their health care system's strengths and challenges

- Focus group questions/exercise:
  - *How do County residents view their current health care services? What works well? What needs improvement?*
  - *What changes would you like, what worries you?*
  - *Choose a type of service important to you and your family, describe features you would like to see*
  - *What suggestions do County residents have for providers and policymakers to improve their health care services (regarding access, quality, proximity, cost, etc.)?*

- 90 minutes per focus group, 6-11 people in each group (March – April)

What Works Well: Stakeholders

- Existing primary care providers (PCP)
- EMS (appreciation for services; good EMS/hospital relationships; support for Mobile Integrated Community Health pilot program)
- Access to several hospitals (Shore Health, AAMC, …) and assisted living / nursing homes
- FQHC services, targeted programs and collaborations with Shore Health and other systems
- AHEC training and education programs
- School-based clinics and dental programs in schools
- Ability of community to support individuals in need
- Strong personal networks that translate into collaborations across agencies and community groups

Stakeholder Recognition of Challenges

- Population Shifts
  - Changes in population demographics place additional demands on health care services
  - Growing immigrant populations; aging population
- Health care for vulnerable populations is compromised
  - lack of providers accepting new Medicaid patients
  - limited services for individuals with disabilities
  - lack of bi-lingual providers and services
  - lack of specialist access for vulnerable populations
- General shortages in primary and specialty care (long waits for appointments)
- Low health literacy of the overall population
- Lack of transportation remains a major challenge at all levels

Stakeholder Recognition of Challenges

- Workforce
  - Physicians are burned out and overwhelmed
  - Concern with increasing number of existing physicians approaching retirement
  - Difficulty recruiting healthcare providers and professionals due to poor school systems and lack of opportunities for spouses
- Health care
  - Perceived poor quality of health care by community residents
    - Lack of trust in hospital system
    - Public reluctance to be treated by mid-level providers
  - Substance abuse and mental health needs are escalating, affecting employment and are not adequately addressed (lack of services and care coordination)
- Telemedicine
  - Concerns about reimbursement for telemedicine, and acceptability for elderly

Stakeholders: Recognition of Vulnerable Population Needs

- Vulnerable populations include the elderly, low-income, uninsured, racial/ethnic minorities, immigrants, disabled
- Growing immigrant populations: younger families, more children, language barriers, education needs
- Growing numbers of vulnerable children and youth with behavioral health needs
- Elderly and vulnerable populations requiring home care, nursing home, hospice care
- Challenges for individuals whose incomes vary (seasonally; job losses) resulting in frequent changes in health insurance coverage eligibility
- Accessibility issues for the disabled

Stakeholders: Recognition of Challenging Health Care Environment

- Caught in transition between payment for value versus payment for volume (GBR versus fee-for-service)
- Differences in regulation: regulated hospitals while urgent care centers and out-patient clinics have no regulatory oversight
- Shift in health departments from direct service delivery to programs, with limited capacity to bill for services
- Competition between health care systems (seen as harmful by the general community; but additional providers from different hospital systems are seen as an asset)
- Seasonal demands on community and health care capacity (flu, tourists)

Stakeholders: Themes

- **More than health care is needed to address rural health needs**
- Economic development is the primary driver to address health care needs (e.g., investments are required to develop workforce across all sectors – an essential engine)
- Health and welfare of the population are essential to the economy
- Emerging agreement about local needs that can be planned for regionally versus locally

What Works Well: Focus Groups

- Doctor/patient communication(All 5FG)
- Non-physician health care providers(3FG-CDT)
- Insurance coverage(3FG-QKT)
- Getting an appointment(3FG-QCT)
- Emergency care(2FG-DK)
- Office staff/how office is run(2FG-QT)

NOTE:
Letters identify the county: Q=Queen Anne's, C=Caroline, D=Dorchester, K=Kent, T=Talbot

Focus Groups' Recognition of Challenges

- Workforce and Health Care:
  - Insurance costs and coverage
  - Waiting time: getting an appointment; at office; time with doctor
  - Specialty care is lacking and far away
  - Availability of providers, specialists, services and facilities
  - Hospital service changes and possible closure
- Transportation: difficulties with emergency and regular visits
- Technology: patient portals; doctor distraction
- Other: Medication costs; Facilities and equipment not designed for individuals with disabilities

Focus Group (by County) Reflections on Needed Key Services

- Queen Anne's
  - Mental health care – two stand alone clinics on Mid-Shore, 10-20 beds, staffed by PAs and NPs with psychiatrist by telemedicine
  - Post-car accident coordination of treatment, insurance issues
- Caroline
  - Mental health services
  - Substance use disorder services, inpatient and outpatient
- Dorchester
  - Defined minimum care and availability; cost and availability of services
  - Ambulance services – station near population centers; have more onboard equipment; educate people about health emergency warning signs

Focus Group (by County) Reflections on Needed Key Services

- Kent
  - Outpatient infusion center – maintain existing center with high quality staff, services, pharmacists
  - Small hospital near homes, nursing homes; includes infection control, palliative care, oncology; enables isolation for epidemics; include a focus (“destination hospital”)
  - Ways to improve access, lower costs
    - Nurse specialists by phone
    - Medical specialists by telemedicine
    - Clinic networks located where hospitals are not
    - Nurse/health worker home visits
- Talbot
  - Medical transportation
  - Specialty care with better coordination and communication

Focus Groups' Reflections on Changes and Worries

- Looking forward to:
  - Revitalization of our hospital(1-K)
  - A new facility for urgent care, dialysis(1-C)
  - "Lower rates?"(1-T)
  - Less regulation(1-Q)
  - All-payer model, if there is follow up on integration of care (1-C)
- Worried about:
  - People losing their insurance or it is inadequate(4-CDKT)
  - Enough care for future needs: seniors; conditions like obesity, heart attacks, strokes(3-CDT)
  - Doctors: leaving(1-Q) or of low quality(1-C)
  - Losing services and jobs in health care (including patient navigators)(2-QK)

Solutions to Improve Health and Health Care in the Mid-Shore

- Regional Health Planning Council with representation from the community and all health care services, social services, and transportation AG&SH&FG
  - Involve the community in all solutions with focus on sustainability
- Develop a rural model that provides a continuum of quality services as close as possible to where people live AG&SH&FG
- Formalize and recognize informal networks among sectors (health and social service, etc.) for case management and problem solving SH
- Empathy for Mid-Shore residents(SH&3FG-QKT)
  - Take into account our unique transportation challenges; don't just apply a formula to the population
  - Think rural: poorer, older, sicker, distant
  - Put yourselves in our shoes
  - Sit down with those of us who have disabilities
  - Keep the dialogue going
  - Listen to us this time

Potential Solutions: Access to Care

- Expand models that increase access and care AG&SH&FG
  - Increase utilization of mid-level providers (NP, PA, CHW)
  - Expand tele-health AG&SH
    - Training for providers
    - Reimbursement models
  - Focus on disease prevention (efforts of FQHC, hospitals, private practitioners)
  - Increase bi-lingual providers/capacity
  - Expand hours of operation and placement of facilities to meet community needs
- Specialists SH&All 5FG
  - Provide more access to specialists in person periodically, via telemedicine and/or have good transportation
- Insurance All 5FG
  - All should have access at a reasonable cost
  - Expand what it pays for—review of files, complementary and alternative medicine, patient advocates

Potential Solutions: Hospitals and Quality of Care

- Rural health hospital designation that allows for some flexibility AG&SH
  - Higher rates for rural hospitals, regulation of unregulated activities in rural areas, requirement to reinvest 'unregulated revenue' in secondary market in rural region
- Health care facility in Kent AG&SH
  - Need some short term inpatient beds for the elderly; create community advisory board; hospital outreach to build trust.
  - Existing resources in Kent: Chester River Medical Foundation Board - Leh Women's Center
- Realization that each county can not fiscally support all levels of healthcare – and also maintain quality SH
  - Do not need a hospital in each county but need solid emergency care, including EMS, and good PC with rotating specialists
  - May require working between counties and partnering beyond Mid-Shore counties (Kinera Foundation Eastern Shore Regional Hub with agreements with Kennedy Krieger)
- More transparency with health care corporations SH&all 5FG
  - Community advisory boards, local boards feeding into system; more substantial and community partnering for CHNAs and follow-up
- Prioritize quality over billing 4FG-QCDK
  - focus on health services

Potential Solutions: Workforce

- Attract health care providers AG&SH
  - J1 visa realignment
  - Loan Repayment Program reform (to streamline and expand to PA)
  - National Health Service Corps
  - Personal wooing and CEO engagement
- Nurture and expand workforce programs that support "growing our own" and retaining those who were recruited AG&SH
  - Rural scholarships for Maryland medical students with pay back commitment in rural areas
  - Rural scholarship for mid-level providers (RN/NP, PA, EMT/paramedic)
  - Easton Chamber of Commerce teachers efforts and young adults social group
- Give health professional students and residents a chance to experience work and life in rural counties to enhance recruitment AG&SH
  - Rural residency
  - Elective rural rotations for primary care and specialists

Potential Solutions: Workforce

- Expand local programs that educate mid-levels: CHW, PA, NP AG&SH
  - Develop Nurse Practitioner program on the Eastern Shore
  - Develop 3+2 nursing program; develop geriatric nursing aide training program
  - Existing programs: Salisbury University and UMB have NP program
  - AHEC training for CHW but trouble recruiting, and the Association of Black Churches have a CHW training program

- Improve working conditions(4FG-QCDT)
  - Reduce paperwork, regulations; provide enough support staff
  - Have system between doctors to improve communication and care coordination

Potential Solutions: Economic Development

- Attract 'economic engines' to the Mid-Shore AG&SH
  - Health care facility/hospital as an 'economic engine'
  - QA and Kent are attracting hotels, nursing homes and development

- Develop apprenticeships SH
  - The Dorchester Career and Technology Center and Chesapeake College are addressing trades, culinary training in Denton
  - Dixon Valve Apprenticeship partnering with Washington College and co-ops with high school

- Existing programs
  - MainStreet program; Chester River Wellness Alliance a 501c3 (alternative medicine); "Kent Forward," started by Dixon Valve; young professionals support groups (ages 21-40)

Potential Solutions: Transportation

- Transportation solutions AG&SH&4FG-QCDK
  - Coordination for medical transit and streamlining of transportation programs
  - Use public/private partnerships for regular and emergency transport
  - Allow families on Medicaid transport SH
- Existing programs
  - VA bus; County Ride; DelMarVa services; Partners in Care
  - a ‘one stop’ committee for transportation in QA

Potential Solutions: EMS Transportation and Prevention

- Expand QA EMS Mobile Integrated Community Health program AG&SH
  - Team approach for care coordination
  - Develop protocol for EMS to access Mobile Crisis Team
  - Incorporate Mobile Tele-Health

- Strengthen and increase role of EMS AG&SH&all 5FG
  - Staff and equip ambulances better, have more units, place them carefully
  - Address dwindling volunteer EMS model

Potential Solutions: Prevention and Health Literacy

Examples of existing programs that could be strengthened/scaled up

- Training and education
  - AHEC training for nursing home staff; care-givers; CHWs
- Support for Families and Children
  - Healthy Families; Kent County's Department of Social Services; Special Education Services for Queen Anne's; Mid-shore Council on Family Violence; Council for Children and Youth; Queen Anne's Youth Counseling Board; Parents and Teachers and Nurturing Programs; Family Support Center with Head Start; Partnership with Health Department for education about tobacco and drugs; parent volunteers; University of Maryland Extension, 4H and SNAP
- Support for Healthy Aging and Care-givers
  - Upper Shore Aging; HomePorts Village; HomePorts Pilot project to keep people out of the hospital
- African American Community
  - Boardley Chapel AME Church; Minority Outreach Technical Assistance Program; YMCA - Building African American Minds Program (focused on male youth and led by Black Business leaders); Choices for 8th Graders in Talbot's public schools

Potential Solutions: Mental Health and Substance Abuse

- Enhancement of behavioral health services in the community AG&SH
  - Enhance Assertive Community Treatment (ACT) TEAMS
  - Medication Assisted Treatment (MAT) training for primary care providers
  - Telehealth training for health care providers
  - Need central one stop for wrap-around services and care coordination with common EHR
  - Urgent care for addiction
  - Shelters and transitional living
  - Parity payments for mental and behavioral health and better Medicaid reimbursement
- Improve collaboration with universities in mental health telemedicine SH
- Increase access to care 3FG-QCK
  - Have a sliding scale for fee-for-service
  - Have more accessibility, more providers, in- & outpatient care, school-based
  - Enforce parity of payment law

Potential Solutions: Mental Health and Substance Abuse

- Restore funding for Health Departments to provide services SH
  - Expand hours and provide more education and prevention
  - Work with partners
- Social services to be provided locally
- Develop a coalition like MADD for opioid addiction SH
- Existing programs:
  - Beacon ACO, Mobile Crisis Team
  - Behavioral health services “For all Seasons” for schools

Basic Elements for Local Healthcare

- Primary care – with focus on pediatrics, OBGYN (women's health), geriatrics, and special needs
- Specialty care - needed routinely and, except for select services unique to population needs/demands, can be provided on rotating basis
- Emergency care services 24/7
- Dental services
- Culture of patient-centered holistic approach to wellness and health
- Coordination with social and educational services
- Investments in local economy, educational programs and jobs/job training and retraining

Elements for Regional Health Care

- Provision of systems that coordinate and integrate local primary care, community health center programs, and tertiary care with community based programs and services
- Develop regional health care system with high quality hospitals and providers accessible to all residents and with sufficient capacity to serve all residents
- Creation of central one-stop locations for all services with a common electronic health record

Final messages

- There are several clear messages that can be derived from these findings. All of these, are aligned with the Work Group's Guiding Principles:
  - The growth in the number of vulnerable populations and their respective health needs requires specific and immediate action.
    - Mental/behavioral health needs, and the opioid epidemic require attention.
  - There is a recognition that the manner in which health care is delivered is changing and strategic approaches are needed.
    - Increased and innovative use of mid-level providers is needed, but some populations still prefer having a physician take care of their needs.
  - More than health care is needed to address the health needs of rural community residents.
    - Investments in economic development are essential.

Final messages

- There is a call to have an action oriented process (a coalition or health planning council) with broad representation to oversee and continue with the regional planning and program implementation to address the comments and needs that have been articulated.
  - There is a growing understanding that each community/county cannot have every type of health service.
  - Experiences reflect that planning for health service needs should incorporate the unique nature of each locale and its population needs
  - The unique characteristics of the demands and conditions of rural counties should be taken into account in statewide planning and regulatory initiatives and in program planning.

Learning and Listening

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And team!

Thank You!

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