



Proposed Changes to the Workgroup Recommendations

Following the 7/25/17 Meeting

MHCC staff received proposed changes from:

- Med Chi
- Maryland Rural Health Association
- The University of Maryland Medical System (UMMS)/Shore Regional Health (SRH)
- Save our Hospital Foundation of Chestertown (SOH)
- Workgroup Co-Chairs

Proposed changes in Recommendations for:

- The Rural Community Health Complex Program
- Special Rural Hospital Designation/Rural Hospital Program
- The Rural Health Collaborative
- Workforce
- Access to Care

Special Rural Hospital Designation (SRH)/Rural Hospital Program

- **Concerns about specifics of SRH outlined in discussion draft**

Comment: SOH members had concerns about the model for developing the Special Rural Hospital (mileage requirements of Critical Access Hospital designation used as a reference program) and concerns about a renewable agreement with HSCRC.

Staff Response: While the Critical Access Hospital may be the closest federal analog, this designation is based on distance to another health facility, which is not ideal for rural parts of the state. In Maryland, particularly the Eastern Shore, a better measure could be travel time.

Also added: “or through a legislative mandate to create such a program

(pages 2 & 8)

Special Rural Hospital Designation/Rural Hospital Program

- **Funding for Special Rural Hospital Designation**

Proposed Change: UMMS/SRH requests a wording change under “Types of Complexes” - “enable creation and sustainable funding of the Special Rural Community Hospital”

Staff Response: Any special designation should include sustainable funding and funding should be linked to measurable outcomes and milestones.

(page 2)

The Rural Community Health Complex Program

- **Levels of Care**

Proposed Change: Shore Regional Health outlined issues regarding the level of care particularly around the Advanced Primary Care Complex.

Staff Response: No change, details regarding specific services at various sites should be negotiated at the establishment of the demonstration project.

The Rural Health Collaborative

- **Workgroup Co-chairs suggested changing recommendation to better reflect Workgroup discussion.**

Comment: Change the Title. The RHC, while an important component of the Complex, is an important body for population health planning generally.

Staff Response: Establish and Support a Rural Health Collaborative

(page 3)

Comment: The RHC, while an important component of the Complex, is an important body for population health planning generally. Add a paragraph to clarify.

Staff Response: Community voices are essential to a well-functioning health care delivery system. The RHC collaborative would be an important convener of community voices and a forum for public input when planning for a regional health system. The RHC would also be an important resource for health care providers when planning population health improvement initiatives.

(page 4)

The Rural Health Collaborative

- **Expand collaborative members**

Comment: Save our Hospital Foundation has concerns about the lack of community representation on regional hospital boards. A community board is a very high priority.

Staff Response: Added... however there must be a critical mass of community voices including patients and providers.

Proposed Change: MedChi asks for physicians to be represented.

Staff Response: Agrees physicians should be specifically identified as members.

(page 3)

Workforce

- **Incentives for medical students and residents to practice in rural communities**

Proposed Change: Establish Rural Primary Care Residencies

(MedChi) Offer opportunities not only to primary care, but also to specialty practices because access to specialty services in rural areas is limited. The Workgroup should seek an exemption from the ACGME to allow residents to participate in rural residencies, as certain geographic restrictions may prevent this.

Staff Response: Staff agrees with that residency program. Though it is important to recognize the difficulty setting up residency program in rural communities. Larger community hospitals should be given opportunity to recruit students.

Rural specialty care residency clarified in response to MedChi comments (2.c.)

(page 6)

Workforce

(Recommendations pertaining to expanding and attracting the healthcare workforce)

- **Rural Scholarship**

Proposed Change: Offer opportunities not only to primary care, but also to specialty practices because access to specialty services in rural areas is limited.

Staff Response: The main goal of this workforce initiatives should be on primary care. Specialty care is also important and the loss of direct access to specialists is often the first stage in a broader decline in access. MHCC suggests that Scholarships for specialists should be targeted toward OBs and General surgeons in particular.

- **Program Funding for a Scholarship Program**

Comment:UMMS/UMSRH seeks clarity on how regions will identify matching funds for State funds.

Staff Response: Added...The General Assembly should consider whether the program is open to all students or whether preference should be given to Maryland high school students, and whether there is a source of matching funds, such as local funds, which should be required.

(page 7)

Workforce

- **Realign prioritization of the J-1 Visa program**

Proposed Change: MedChi suggests this recommendation offer opportunities not only to primary care, but also to specialty practices because access to specialty services in rural areas is limited.

Staff Response: Emphasis on primary care should come first. MHCC staff suggests we focus on key specialists- general surgery, OB, endocrinology in short supply.

Access to Care

- **Role of the Community Health Resources Commission (CHRC)**

Proposed Changes:

- Amend recommendation to reflect the sentiment of the Workgroup (MedChi)
- Create an additional funding source for local projects or support full funding of the CHRC. Projects should focus on promoting health in rural communities
- Charge CHRC with incubating pilot projects in rural communities to support the Rural Community Health Complexes.
- Full restoration of the CHRC's budget to \$8 million in FY 2019

Staff Response: It is important to clarify the CHRC potential key and ongoing role in the new complex model. Reword the recommendation.

(page 9 & 10)