Executive Summary

HEALTH MATTERS: Navigating an Enhanced Rural Health Model for Maryland

LESSONS LEARNED FROM THE MID-SHORE COUNTIES

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HEALTH MATTERS: Navigating an Enhanced Rural Health Model for Maryland

LESSONS LEARNED FROM THE MID-SHORE COUNTIES

The five-county Mid-Shore region of Maryland, comprised of Caroline, Dorchester, Kent, Queen Anne's and Talbot counties, faces unique health challenges similar to many rural communities, such as higher rates of poverty and people living with chronic diseases. To help better meet health care needs in the Mid-Shore region and provide recommendations that could be applied to other Maryland rural areas, the Maryland Health Care Commission (MHCC) and the Department of Health established a workgroup (via Senate Bill 707 Freestanding Medical Facilities — Certificate of Need, Rates and Definition effective July 1, 2016) on rural health care delivery to oversee a study, hold public hearings and recommend policy options. At MHCC's request, the University of Maryland School of Public Health and the Walsh Center for Rural Health Analysis at NORC at the University of Chicago partnered to conduct the study and to work in collaboration with the workgroup.

Recommendations for restructuring and enhancing the health care delivery system on the Mid-Shore were based on:

- focus groups with residents;
- interviews with community leaders;
- analyses of claims and primary care physician workforce data;
- review of literature and national models; and
- input from the Rural Health Care Delivery Workgroup (workgroup), and its advisory groups and public hearings.

This summary presents high level themes, considerations and recommendations for addressing the health needs of residents and improving the health care delivery system in Maryland's five-county Mid-Shore region, and potentially could be applied to other rural Maryland communities.

THEMES

Rural communities across the U.S., including those in Maryland, face health challenges that require thoughtful, coordinated solutions with a focus on quality health care integrated with social services. When compared to Maryland overall, the population of the Mid-Shore counties presents with greater challenges: a higher percentage are living in poverty, a higher percentage are older adults, and the populations have greater mortality rates overall and for conditions such as heart disease, cancer, unintentional injuries and drug overdose. Further, barriers related to transportation, isolation, access to healthy foods and education are reflected in higher rates of diabetes, obesity and behavioral/mental health needs. These factors, together with limited access to primary and specialty care, contribute to higher use by Mid-Shore residents of emergency department visits and hospital inpatient stays that may have been prevented with early interventions.

Several key themes emerged from the guided conversations with Mid-Shore residents and leaders. To improve health and well-being there is a need for:

- meaningful and continual engagement of community residents;
- investment at both county and regional levels;
- alignment of patient-centered and population-focused needs with those of the health programs and systems;
- creation of a more health-informed community with accessible health services; and
- a focus on social determinants of health (such as housing, environmental exposures, economic development), including health care.

Recurring comments in these conversations included ensuring quality of care, building trust with community residents, using the strengths of existing programs and partnerships, leveraging the resilience and commitment of residents and supporting innovation.

Residents frequently noted the need to take action now and continue the momentum launched by the workgroup.

CONSIDERATIONS

Newly implemented payment and delivery models that reflect a shift from volume of care to value of care were critically reviewed. The unique Maryland health reform landscape, as defined by the state's Total Cost of Care (TCOC) Model and the Maryland Primary Care Program (MDPCP), along with the workgroup's Guiding Principles for Healthy Rural Communities, served as the context for focusing the recommendations. The resulting high-level recommendations are based on an increased focus on population health (i.e., improving health and well-being of the Mid-Shore) leveraging community-driven solutions.

RECOMMENDATIONS

Maryland's health care system is transforming from a volume-based to a value-based reimbursement and delivery system, and is well-positioned to respond to residents' needs by focusing on improvement of the health and well-being of communities. Based on our study findings and past experience working with rural communities, we believe that community-driven solutions have the greatest potential for success. The following high-level recommendations from our study findings support better health and well-being of Mid-Shore residents and potentially other rural Maryland communities as well. More detailed recommendations can be found in the Summary Report.

RECOMMENDATION 1:

Establish a Mid-Shore Coalition.

A new community-based coalition, or an enhanced version of Maryland's Local Healthcare Improvement Coalition, would be established to bring together leaders from health care, emergency medical services, public health, behavioral health, oral health, social services, transportation, education, business and law enforcement. This regional, multi-sector coalition could be led by the five local county health officers and charged with addressing the Mid-Shore residents' health and well-being though social determinants. Leveraging local community health needs assessments and public input, the coalition would collectively identify the most pressing community needs, including those of vulnerable populations, and work with local residents and community partners to prioritize and address needs in each community. In addition, the coalition would track progress and disseminate progress made and provide annual updates on the health of the Mid-Shore region.

Coalitions established in rural areas in other parts of the country have successfully helped improve health and well-being. The coalition may consist of advisory groups, similar to those created by the workgroup, which could help to identify solutions for their assigned topic (e.g., vulnerable populations, health workforce, transportation and access to care, economic development, etc.). The community-based coalition could drive the strategic vision of the Mid-Shore as a whole, oversee the Rural Community Health Demonstration Program and align efforts with Maryland's health reform programs (see below).

RECOMMENDATION 2:

Create a rural community health demonstration program.

Our findings show that the public understands the intersection of health, social, economic and other environmental factors (i.e., social determinants), and are interested in supporting collaborations with a broad set of partners to address health and well-being on the Mid-Shore. To test implementation of recommendations made by the Mid-Shore Coalition, a Rural Community Health Demonstration Program could be created to pilot programs before moving forward with full implementation. For example, pilot programs could address unmet ambulatory health needs and integrate primary care, behavioral health services, public health, oral health and social services with a focus on population health. The scope and size of these pilot programs could vary depending upon location and resources; however, priority could be given to pilot programs that address the patient-centered health neighborhood model that supports multisector collaborations. This priority pilot program has the potential for improving patient outcomes, decreasing health care costs, improving patient satisfaction and enhancing overall health and well-being. The Rural Community Health Demonstration Program provides an opportunity to serve as a test bed of recommendations from this study, the workgroup, and the Mid-Shore Coalition priorities. This model may also be implemented in rural communities across Maryland and other states.

POTENTIAL DEMONSTRATION PROGRAM PILOT PROJECTS

- **Patient-Centered Health Neighborhood**
  - Health care, behavioral health, oral health, social services and community-based services coordinated to meet community identified health needs
- **Other examples:**
  - Health Information Technology - support sharing of health and social services data
  - Health Workforce - establish loan repayment program for local residents
- **Transportation Solutions**

The Rural Community Health Demonstration Program could serve as the epicenter of health care delivery on the Mid-Shore with a patient-centered support hub providing the technological components necessary to integrate and coordinate care. The Demonstration Program would provide an opportunity to test solutions and scale programs to address the challenges surrounding access to primary care, specialists, emergency services and hospital care as well as would address provider shortages and potentially reduce distance from residents to their providers. These programs must take into account unique population and local needs, such as the mix of services, geographic isolation and access to large urban settings. As Maryland seeks new solutions for containing costs as part of the Maryland TCOC Model, this Demonstration Program would allow clinicians to test new delivery models before scaling them to other rural communities in Maryland, and where applicable, urban communities.

RECOMMENDATION 3:

Invest in fundamental programs that expand the health care workforce, elevate community-based health literacy and enable technology.

These investments will expand the capacity of residents, health care workers and others to support health and well-being. They can be addressed by the Mid-Shore Coalition and the Demonstration Program and include:

- Implementing an integrated health care workforce development, recruitment and retention plan that builds on existing educational partnerships and student experiences in rural settings, and aligns with innovations in inter-professional education and health care practices. Developing and nurturing a workforce to enhance care coordination and case management, and creating approaches that facilitate integration of behavioral and oral health services with primary care services, and health and social services, will fill the current gaps in access to care with structured team-based approaches.

- Developing and sustaining community-based health literacy initiatives across sectors to support a more informed and health literate Mid-Shore population. These initiatives would empower self-care; support healthy lifestyle behaviors; train culturally competent providers and create easy-to-navigate care facilities and insurance. A commitment to incorporate health literacy principles in health care organizations and other sectors, such as education, business and the faith community, could result in better quality of life, well-being and lower health costs.

- Enhancing use of technology to promote health and well-being and to improve access to health services. Increasing the use of telehealth and telemedicine by health care providers and residents will extend health care and support primary and specialty care access for local residents. Special attention should be given to needs and accommodations for vulnerable populations.

RECOMMENDATION 4:

Use strategic programs to position Maryland rural communities to benefit from Maryland's health care reform initiatives.

The work of the workgroup and this study could inform a more strategic rural health road map to achieve the goals of the Maryland TCOC Model and the MDPCP. The TCOC Model addresses issues of local accountability with recognition of a geographic value-based incentive. The MDPCP goals, transformational infrastructure and payment design are aligned with the needs expressed by Mid-Shore residents and leaders. The Mid-Shore will be well positioned to achieve the benefits of these initiatives by establishing a functioning Mid-Shore Coalition, creating a Rural Community Health Demonstration Program and testing models unique to the Mid-Shore.

Health care resources are constrained on the Mid-Shore. Both primary care physicians and specialists are often in short supply, approaching retirement or not optimally organized to deliver advanced care through the new models. Health systems operate physical plants and offer approaches to care that do not fully meet the needs of the population and are not well aligned with incentives in the new delivery models. Collaboration among health systems is just beginning to take root, albeit with much hesitancy. All participants are struggling to develop the mix of competition and collaboration that has the potential to yield significant improvements in the population's health. Successful implementation of the Maryland TCOC Model and MDPCP in this region will require careful thought and attention to the factors unique to rural communities.

COLLABORATION IS FOUNDATIONAL TO SUCCESS

As the Mid-Shore and other rural Maryland communities work to restructure the delivery of health care services through community-based collaborations, the five-county Mid-Shore region should consider innovative solutions for addressing their specific issues and also use the lessons learned in other rural areas of the country. Many rural areas face similar problems and can learn from each other's promising practices. The Mid-Shore can adopt or adapt various aspects of models and solutions from other rural areas.

Maryland, and specifically the Mid-Shore, is on the cusp of an exciting new phase of health care delivery. As the Mid-Shore region develops option models based on its guiding principles, it will be important to consider the lessons learned across the country while addressing the priorities set forth by the Mid-Shore residents.

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