

# ***Harford County Update Community Health Improvement Plan***



Harford County Health Department



**Public Health**  
Prevent. Promote. Protect.

*Presentation to the Local Health Improvement Coalition*

*Russell Moy, MD, MPH, Deputy Health Officer*

*October 8, 2013*

# *Harford County's Community Health Improvement Plan*

- **Are we making good progress?**
- **Are we focusing on the best strategies?**
  - **Suggestions for strengthening?**
  - **Suggestions for other partners?**



# Update on Community Health Improvement Data

## *Public Health Data Links*

Maryland SHIP Data: [http://eh.dhmh.md.gov/ship/SHIP\\_Profile\\_Harford.pdf](http://eh.dhmh.md.gov/ship/SHIP_Profile_Harford.pdf)

Maryland Vital Statistics: <http://dhmh.maryland.gov/vsa/SitePages/Home.aspx>

Maryland BRFSS: <http://www.marylandbrfss.org/>

Harford County Health Department (Local Health Improvement Plan):  
<http://www.harfordcountyhealth.com/harford-county-local-health-improvement-plan/>

# ***Local Health Improvement Coalition (LHIC)***

## ***Where have we been, where are we headed?***

**State Health Improvement Process (SHIP) launched in Sept 2011**



**Harford County Local Health Improvement Process (LHIP) launched in Dec 2011**



**Harford County Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP) released Dec 2012**

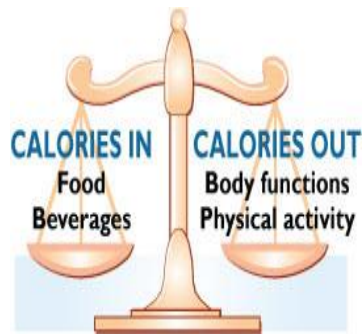


**Harford County LHIC Progress Check on the CHIP in Oct 2013**

# What are Harford County's Health Priorities?

## HARFORD COUNTY LOCAL HEALTH IMPROVEMENT COALITION PRIORITIES

Obesity Prevention/  
Healthy Eating &  
Active Living



Tobacco Use  
Prevention/ Smoke-  
Free Living

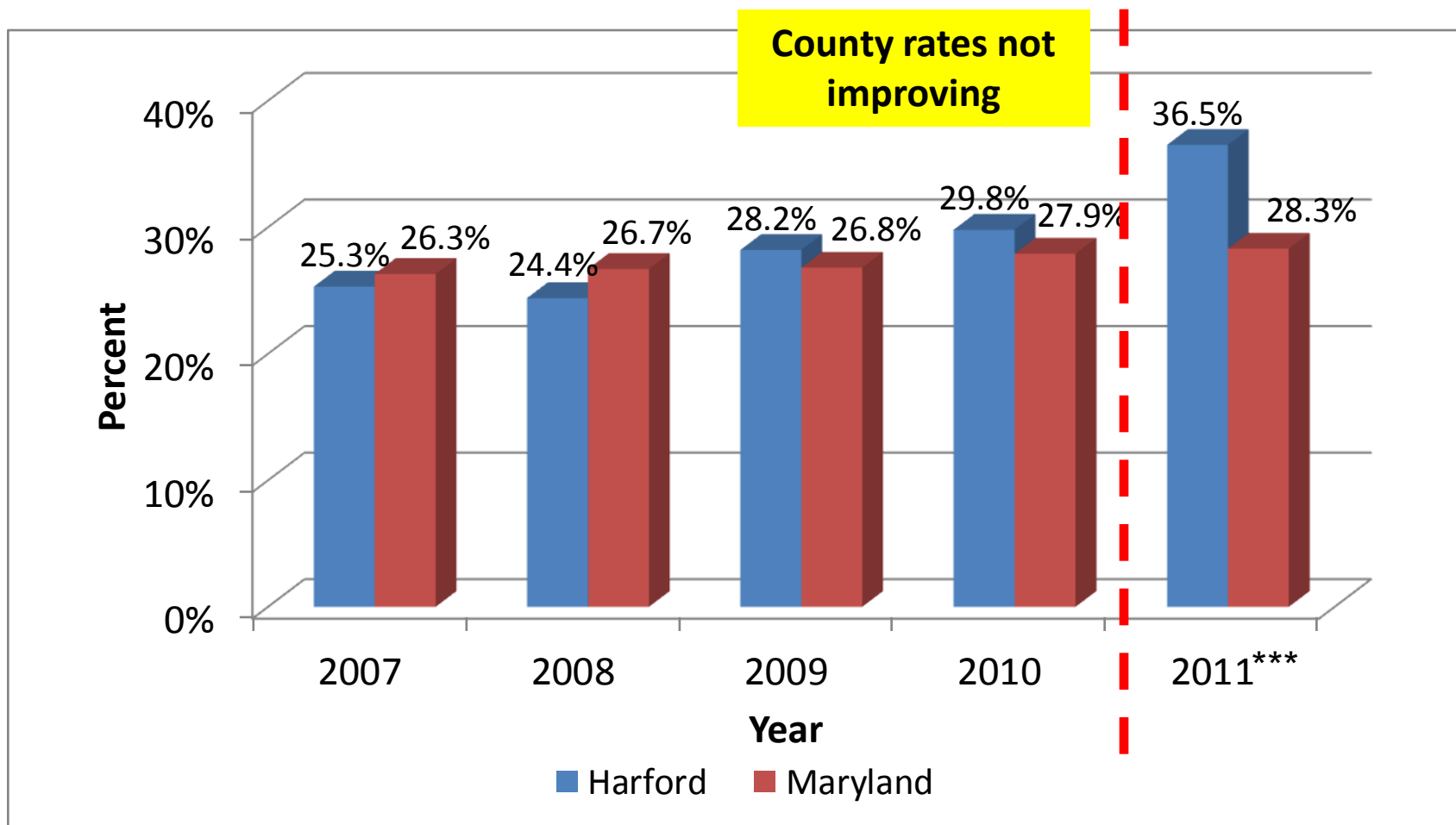


Behavioral Health/  
Mental Health &  
Addictions



# Adult Obesity Rates\*

## Harford County & Maryland, 2007-2011



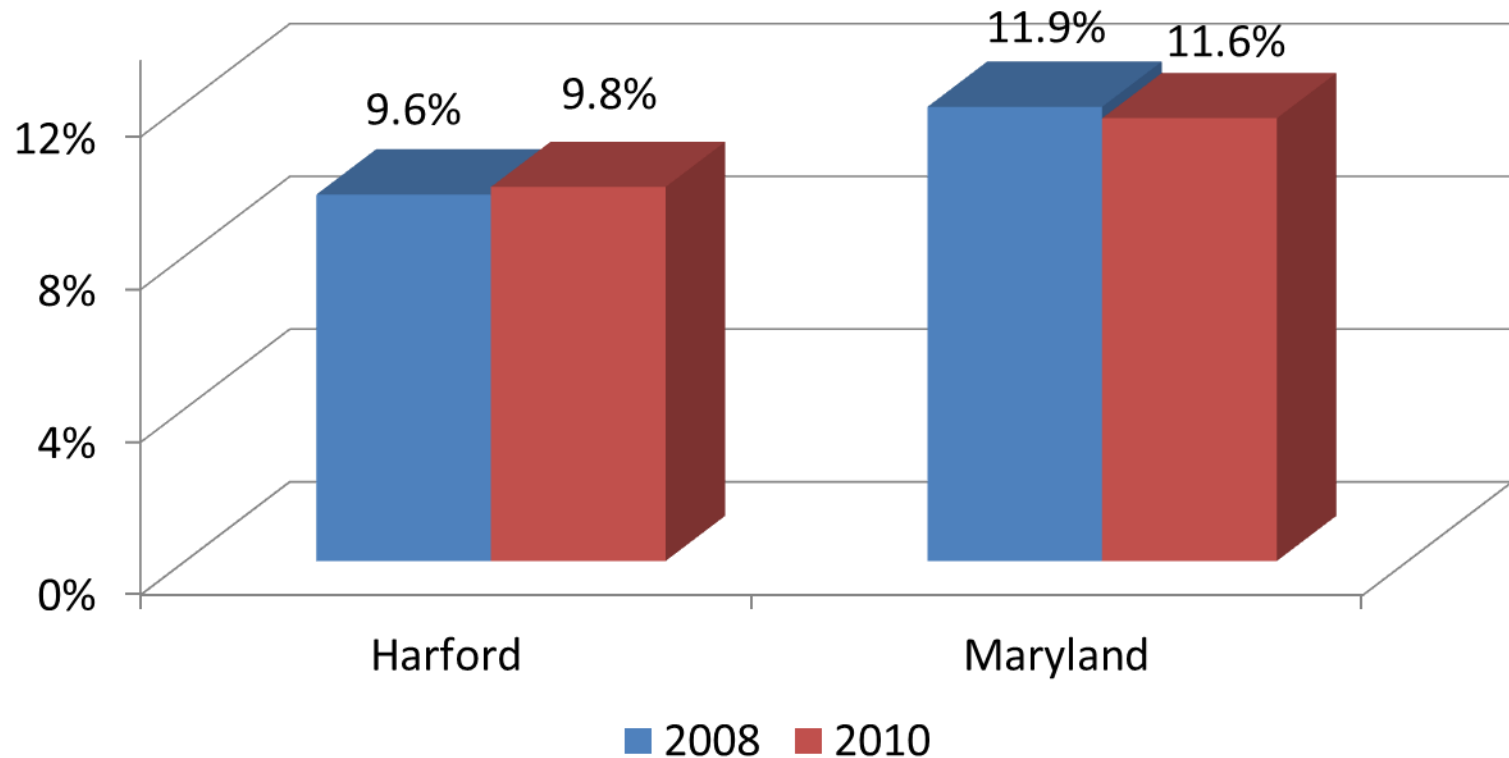
\* Body Mass Index (BMI)  $\geq$  30

\*\*\* NOTE: BRFSS weighting methodology changed in 2011 making comparisons imprecise

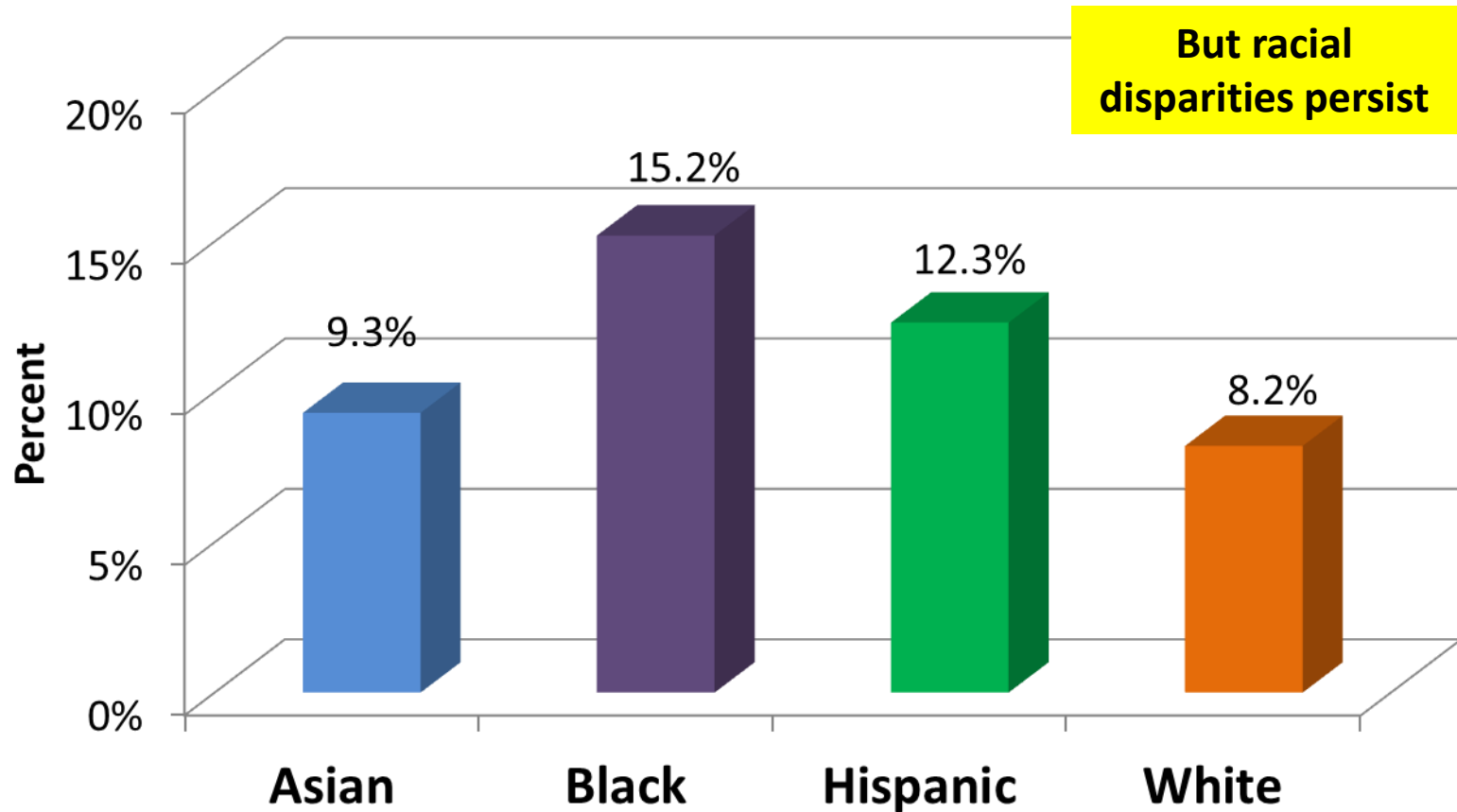
Source: Maryland Behavioral Risk Factor Surveillance Survey

# ***Childhood & Adolescent Obesity Rates\**** ***Harford County & Maryland, 2008-2010***

**County rates  
better than State**



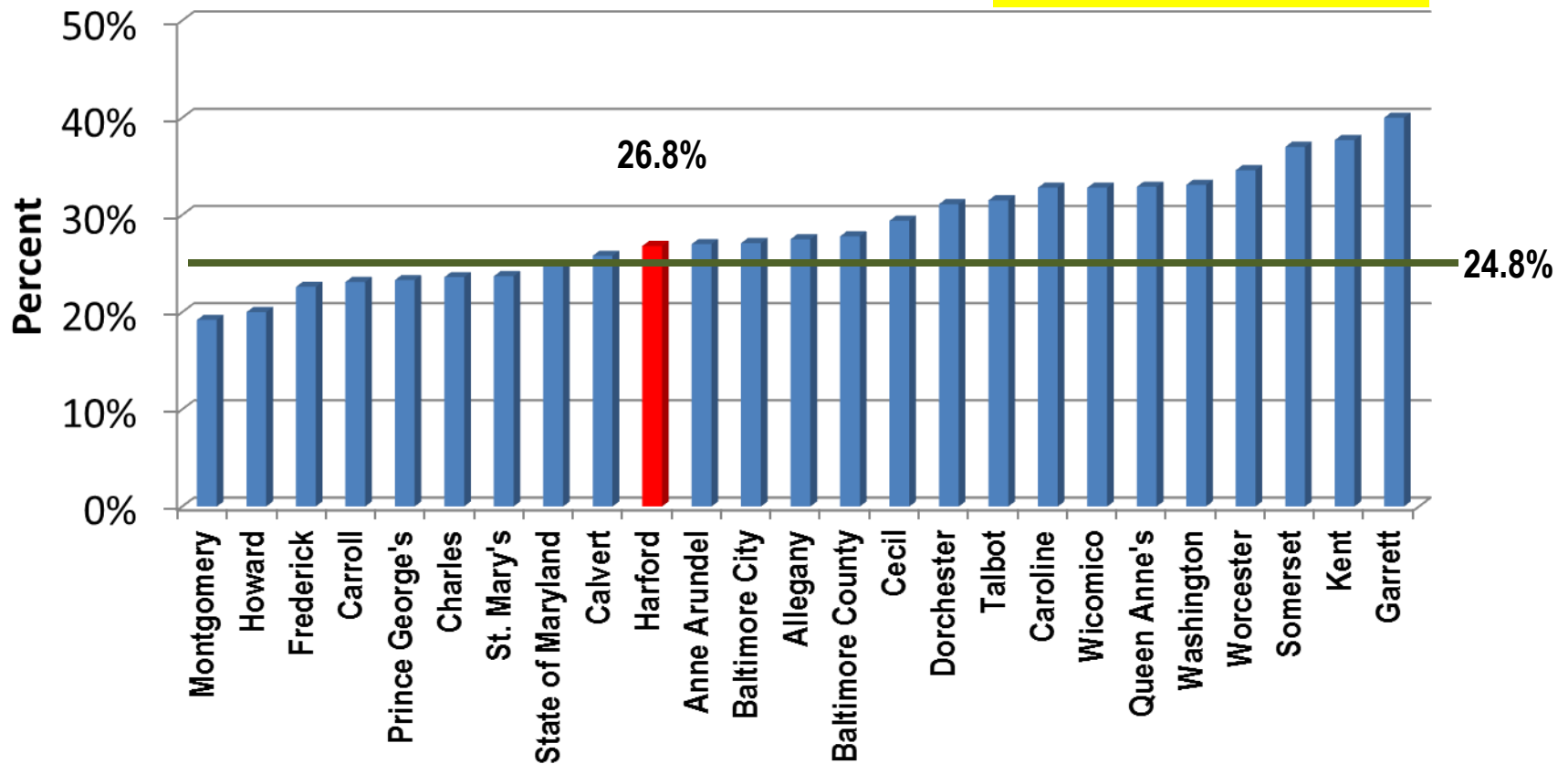
# *Childhood & Adolescent Obesity Rates By Race/Ethnicity, Harford County, 2010*





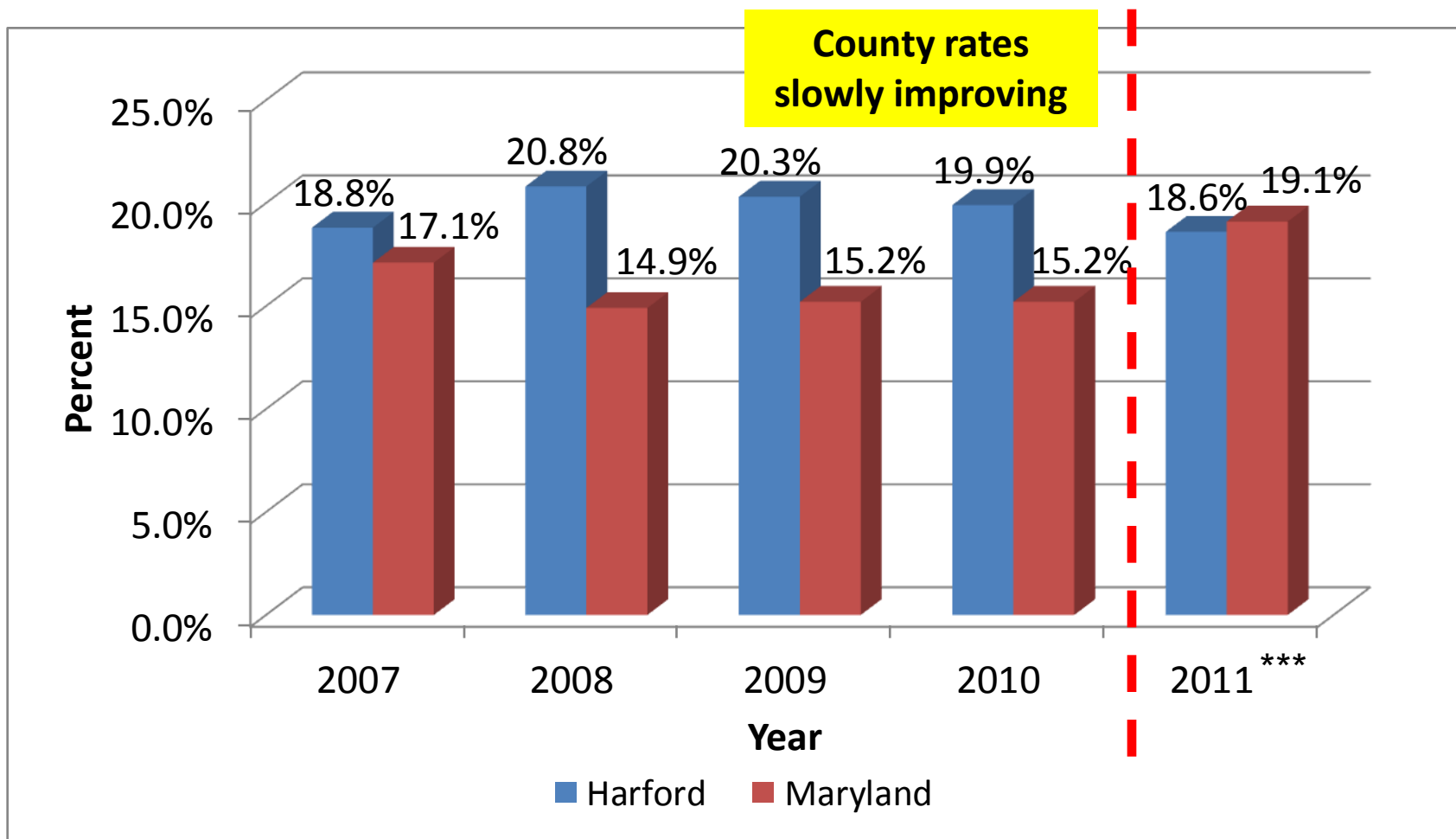
# Adolescent Tobacco Use Rates Harford County & Maryland, 2010

County rate still  
worse than the State



# Adult Current Smoking Rates\*

## Harford County & Maryland, 2007-2011



\* Current adult smokers (at least 100 cigarettes in lifetime and current smoker)

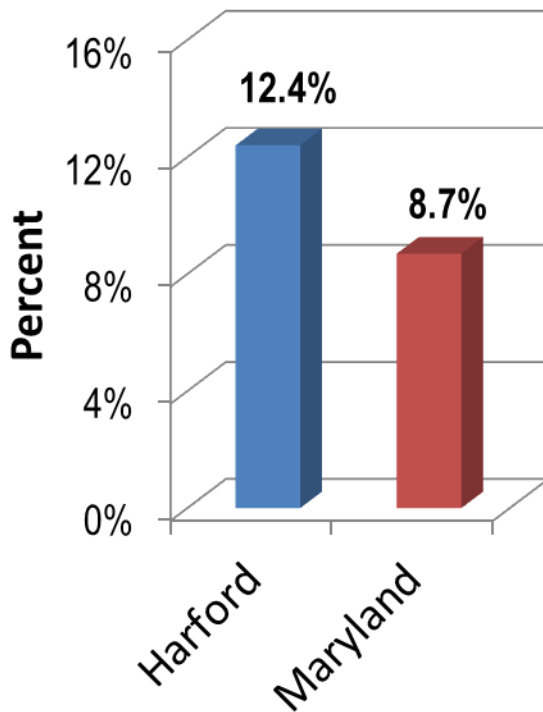
\*\*\* NOTE: BRFSS weighting methodology changed in 2011 making comparisons imprecise

Source: Maryland Behavioral Risk Factor Surveillance Survey

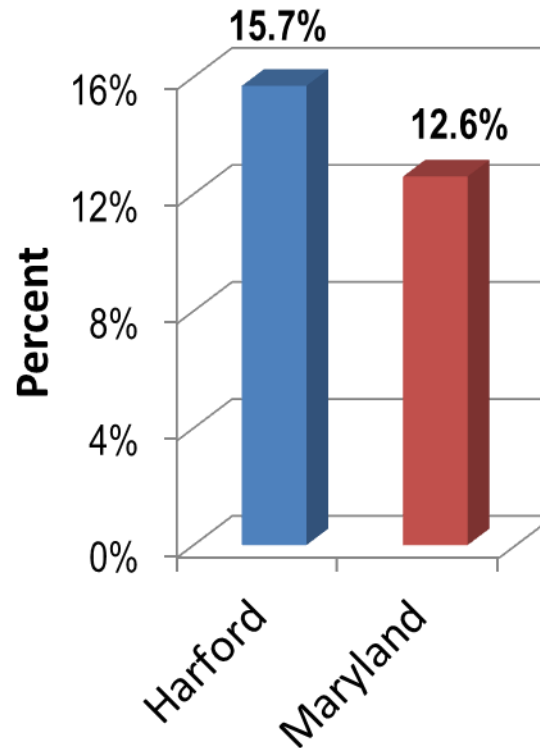
# Behavioral Health Indicators Harford County & Maryland

County rates  
worse than State

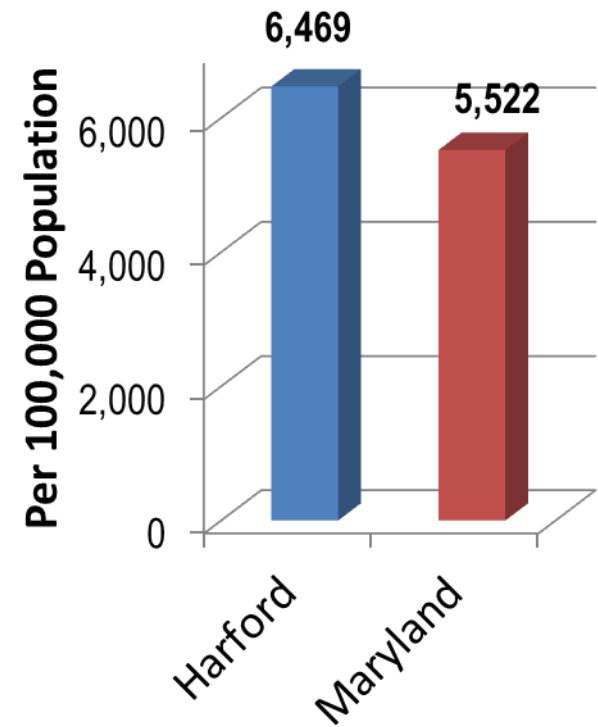
Suicide Mortality Rate\*



Drug-Induced Mortality Rate\*



Behavioral Health E.D. Visits\*\*



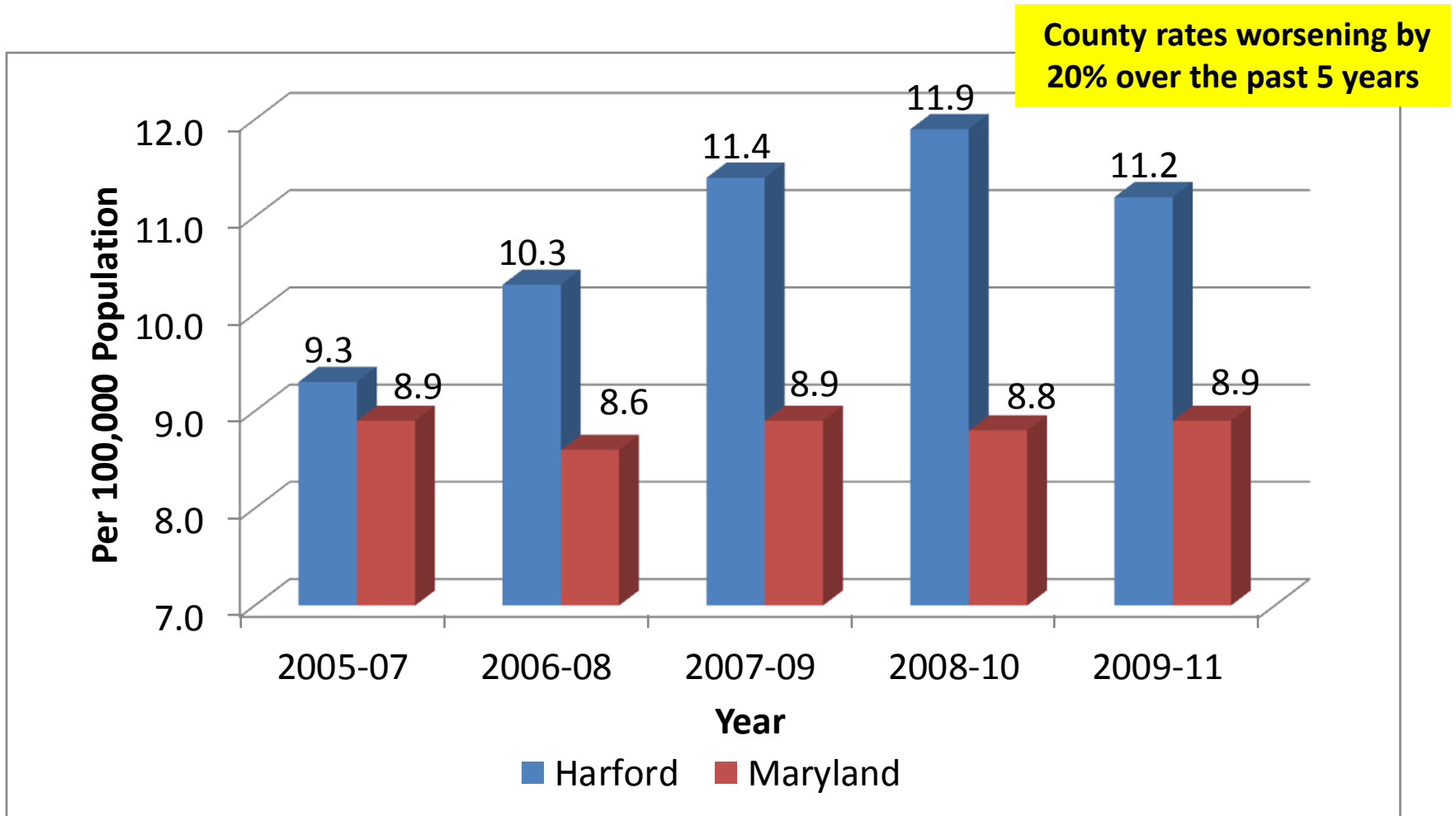
Source: Maryland SHIP Data

\* Maryland Vital Statistics, 2008-2010

\*\* HSCRC 2011

# ***Suicide Mortality Rates\****

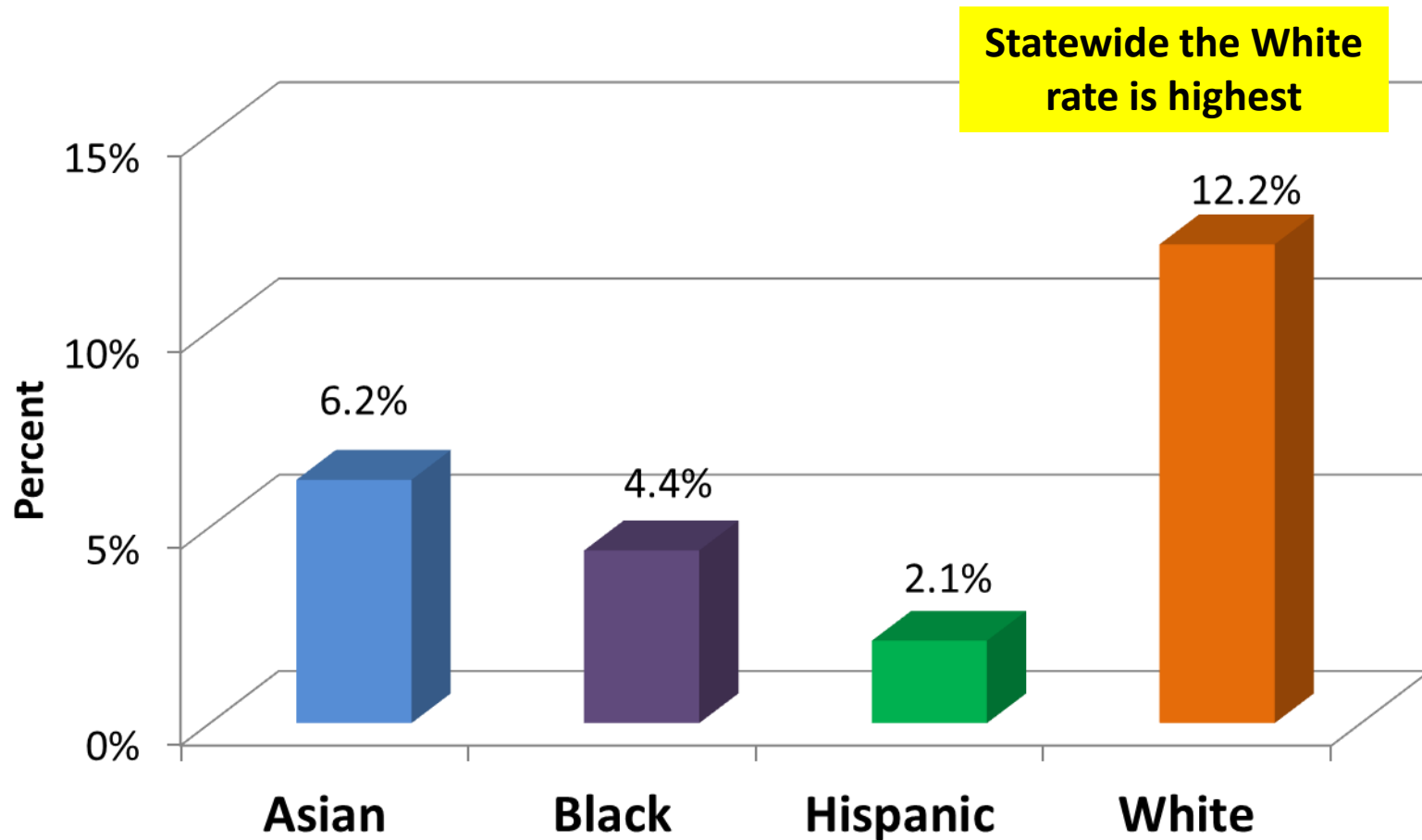
## ***Harford County & Maryland, 2005-2011***



\* Age-Adjusted Rates

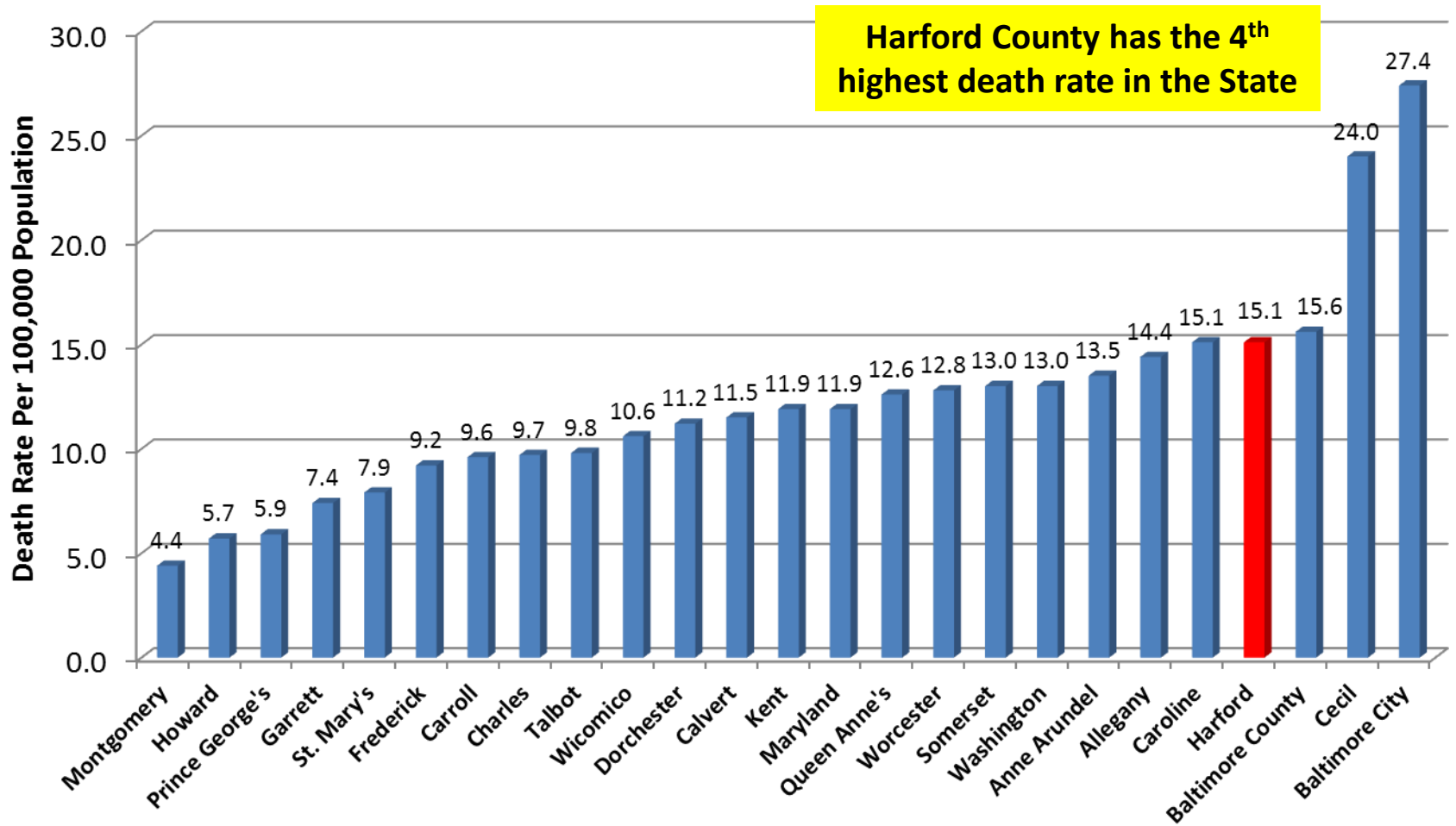
Source: Maryland Vital Statistics Reports

# ***Suicide Mortality Rates By Race/Ethnicity, Maryland, 2008-2010***



Source: Maryland SHIP Data (Maryland Vital Statistics)

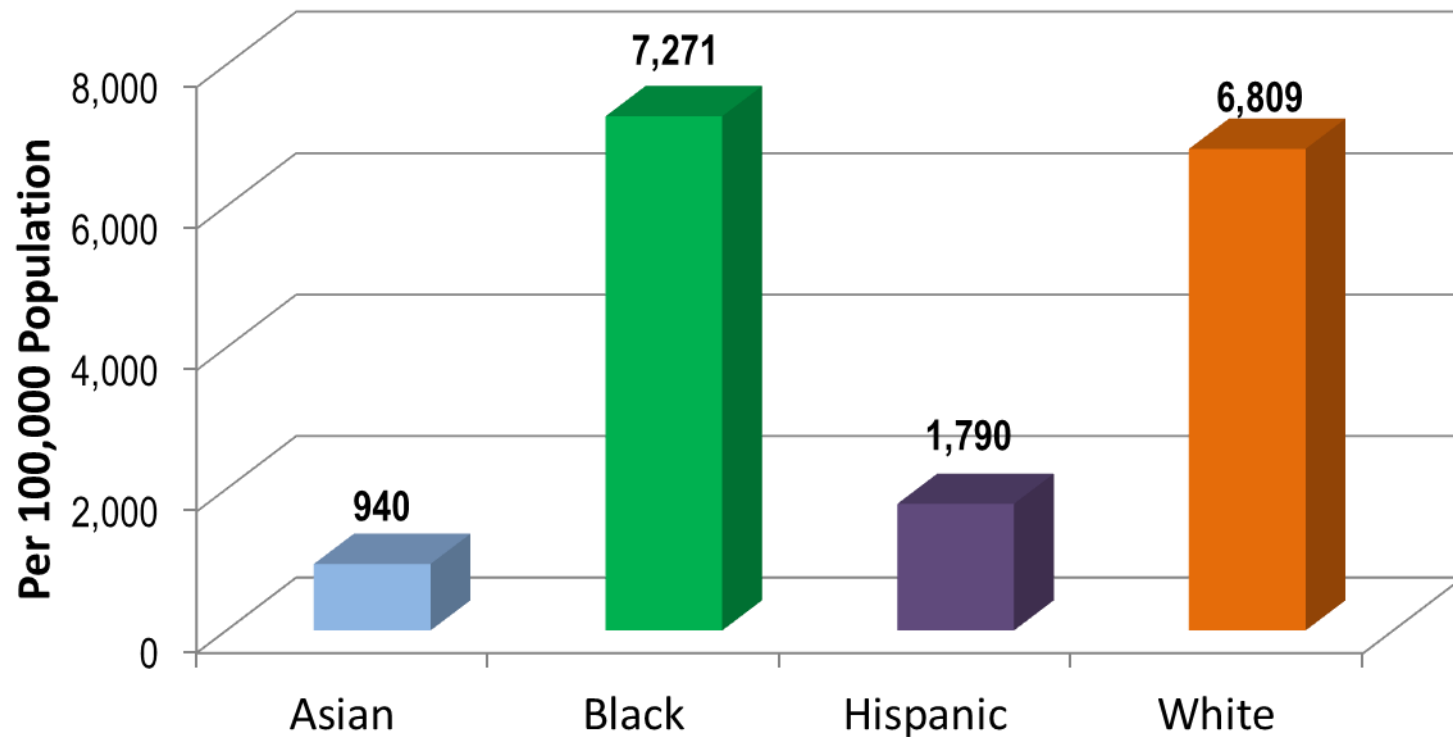
# Death Rates for Total Intoxication Deaths by Place of Residence, Maryland, 2007-2011



Source: Maryland Vital Statistics

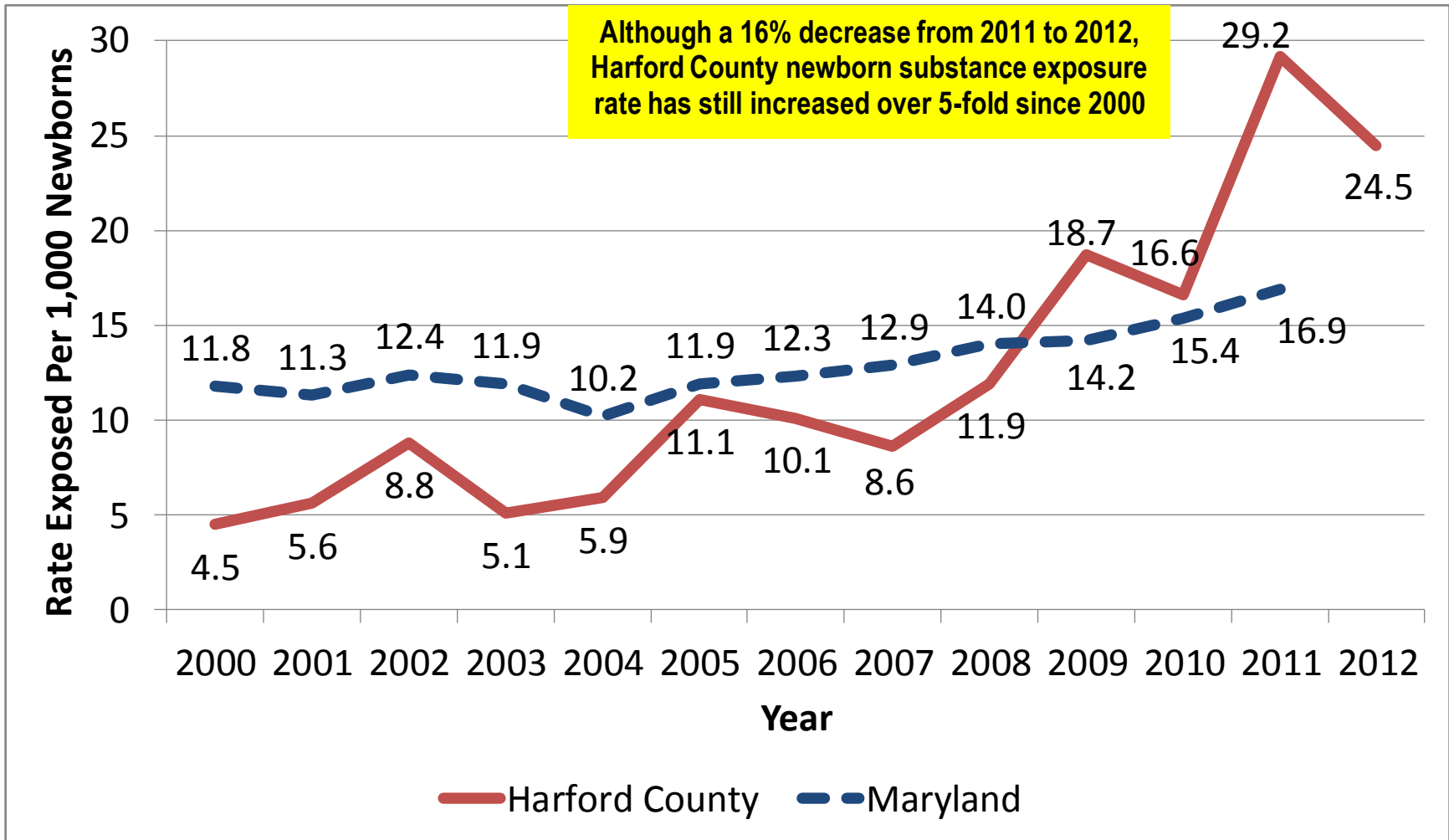
# ***Emergency Department Indicators By Race/Ethnicity, Harford County, 2011***

**Disparities exist in E.D.  
visits for behavioral health**



Source: Maryland SHIP Data (HSCRC 2011)

# Rate of Newborns\* Born with Maternal Drug/Alcohol Exposure in Harford County and Maryland, 2000-2012\*\*



NOTE: ICD Codes used 760.70, 760.71, 760.72, 760.73, 760.75, 760.77, 779.5

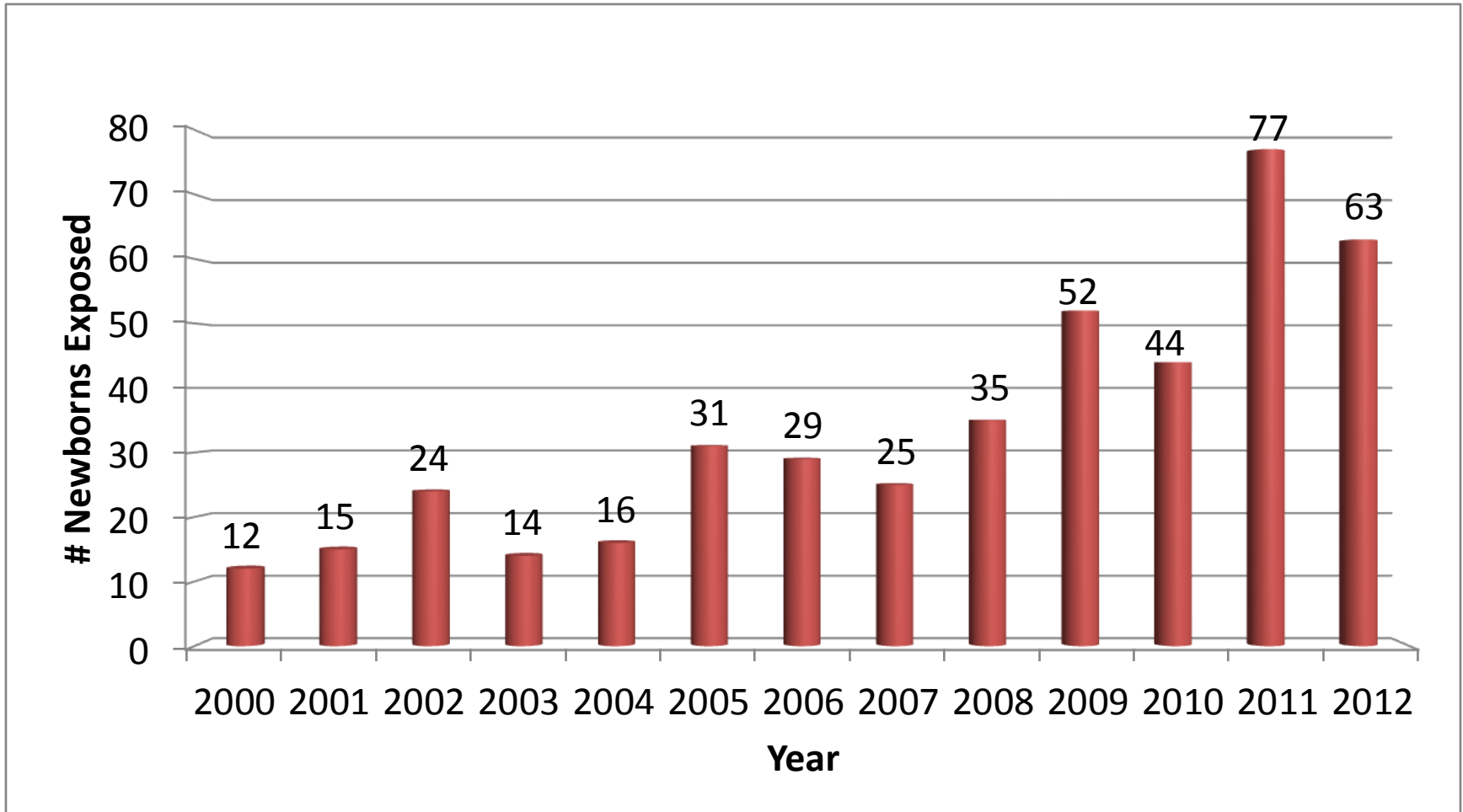
\* Number of newborn hospital visits

\*\* 2012 DATA IS PRELIMINARY – Data compiled by DHMH VDU

Source: HSCRC Hospital Data, 2000-12, Maryland resident births only



# Number of Newborns\* with Maternal Drug/Alcohol Exposure in Harford County, 2000-2012\*\*



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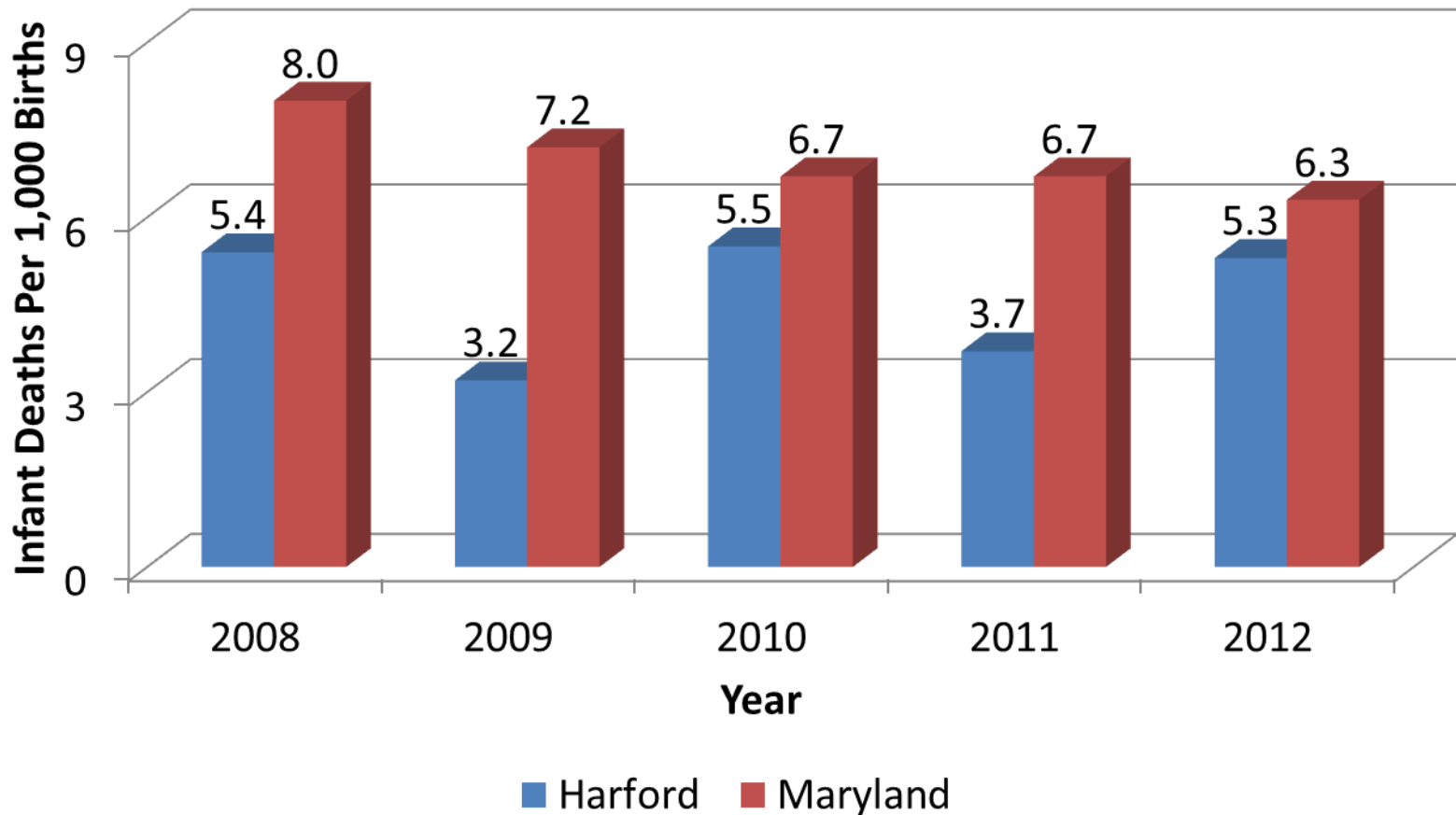
# *Harford County ranks better than the State average in:*

- Infant mortality & low birth weight rates
- Teen birth rates
- Childhood lead poisoning rates
- Reducing asthma-related hospital ED visits
- Reducing diabetes-related hospital ED visits
- Reducing hypertension-related hospital ED visits
- Reducing dementia-related hospital ED admissions
- Increase the % of persons with health insurance
- And many other health indicators

SOURCE: Maryland SHIP Data, 7/1/2013

# *Infant Mortality Rates Harford County & Maryland 2008-2012*

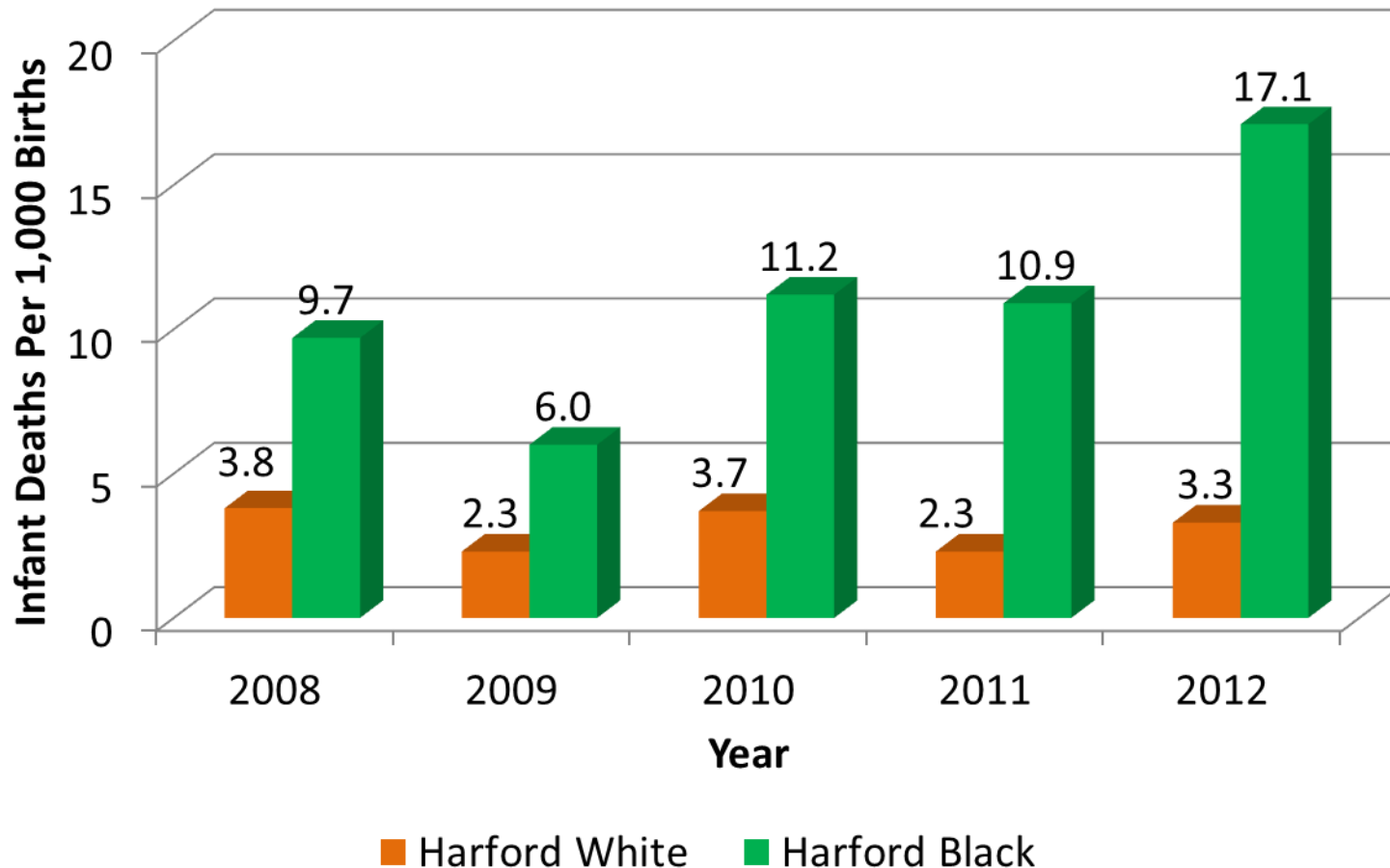
**County rates are  
better than State**



Source: Maryland Vital Statistics

# Infant Mortality Rates by Race Harford County & Maryland 2008-2012

But racial disparities  
are worsening

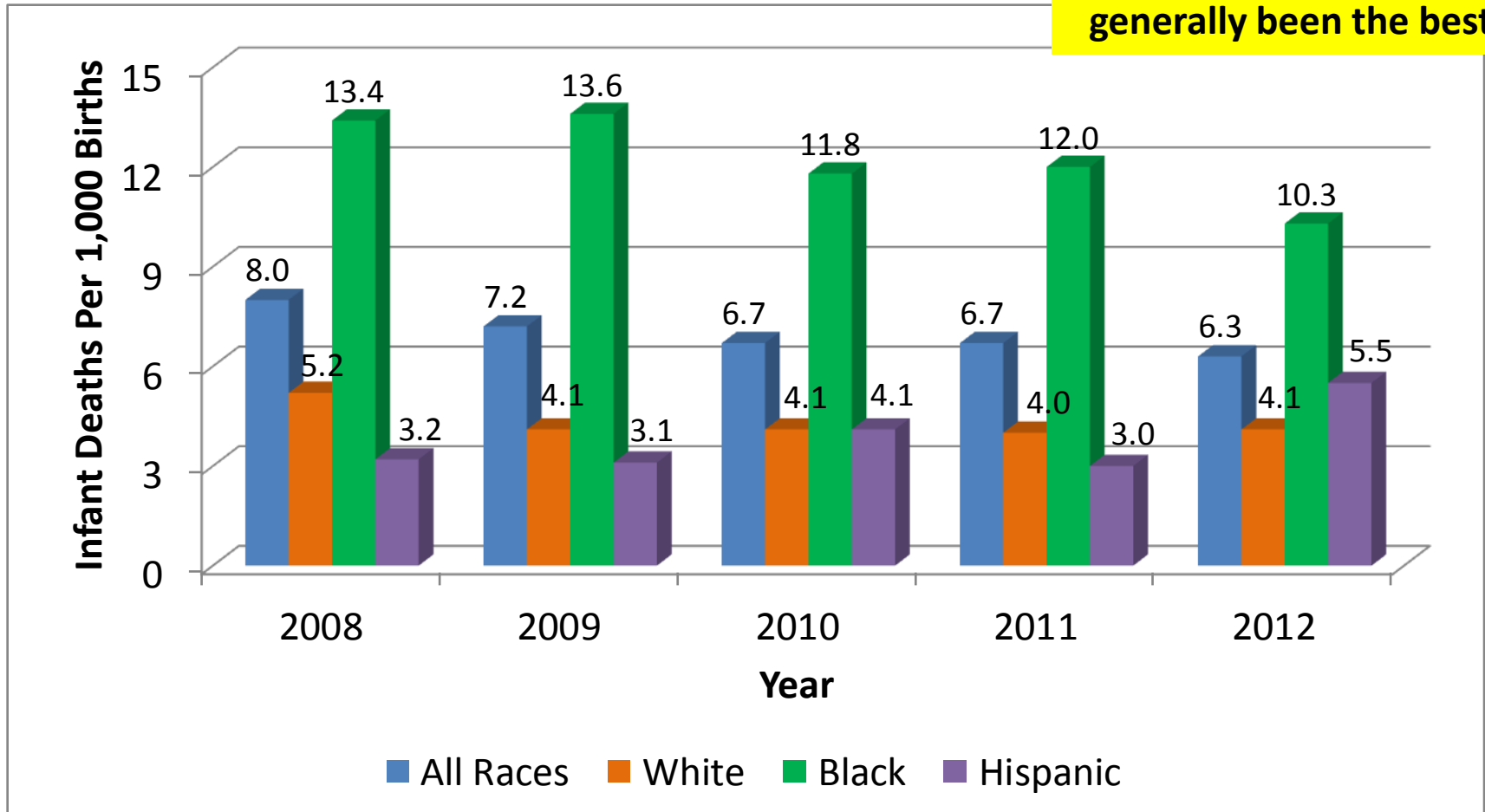


Source: Maryland Vital Statistics

# Infant Mortality Rates

## Maryland, By Race/Ethnicity, 2008 - 2012

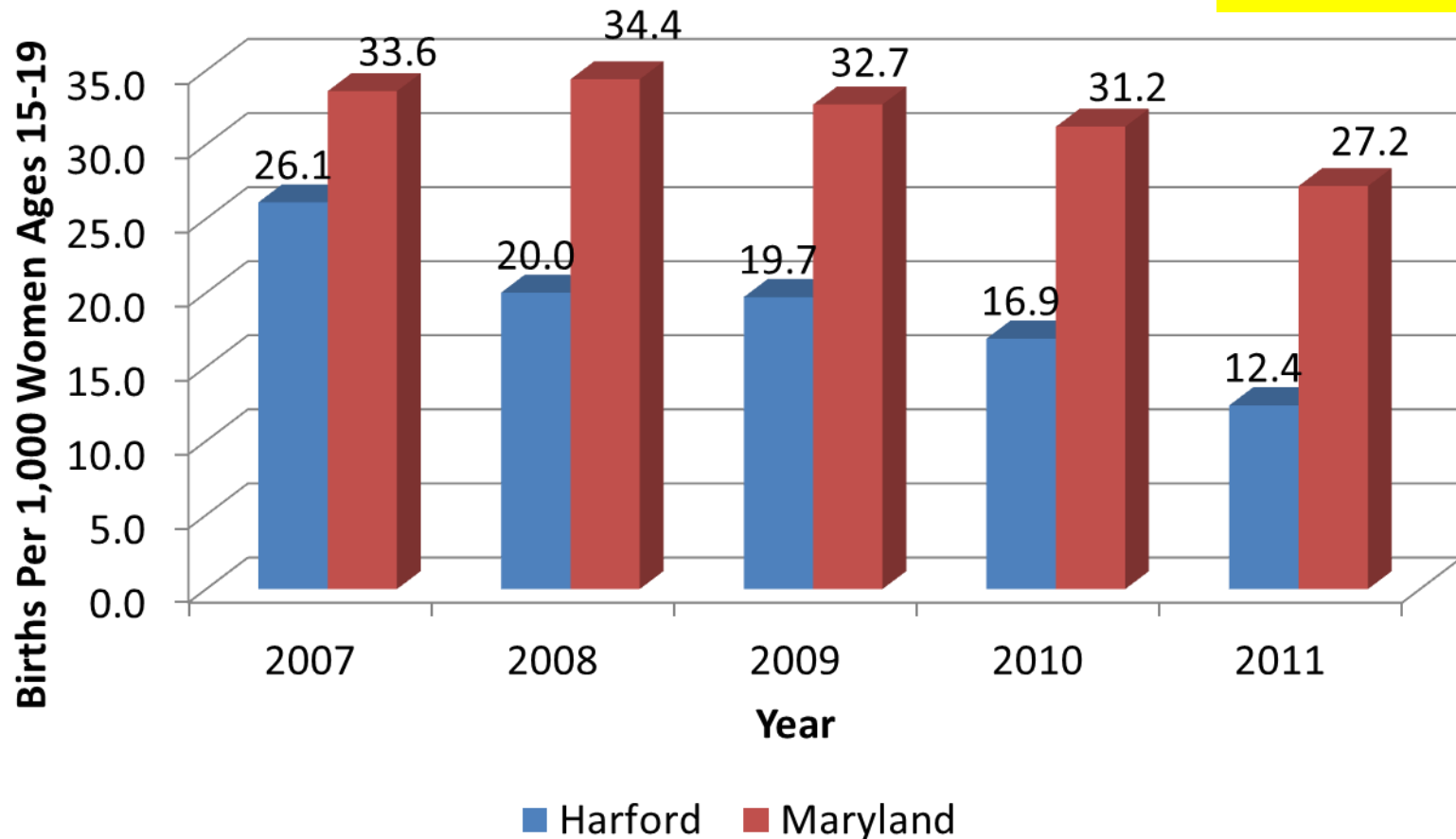
Hispanic IMR rates have generally been the best



# Teen Birth Rates

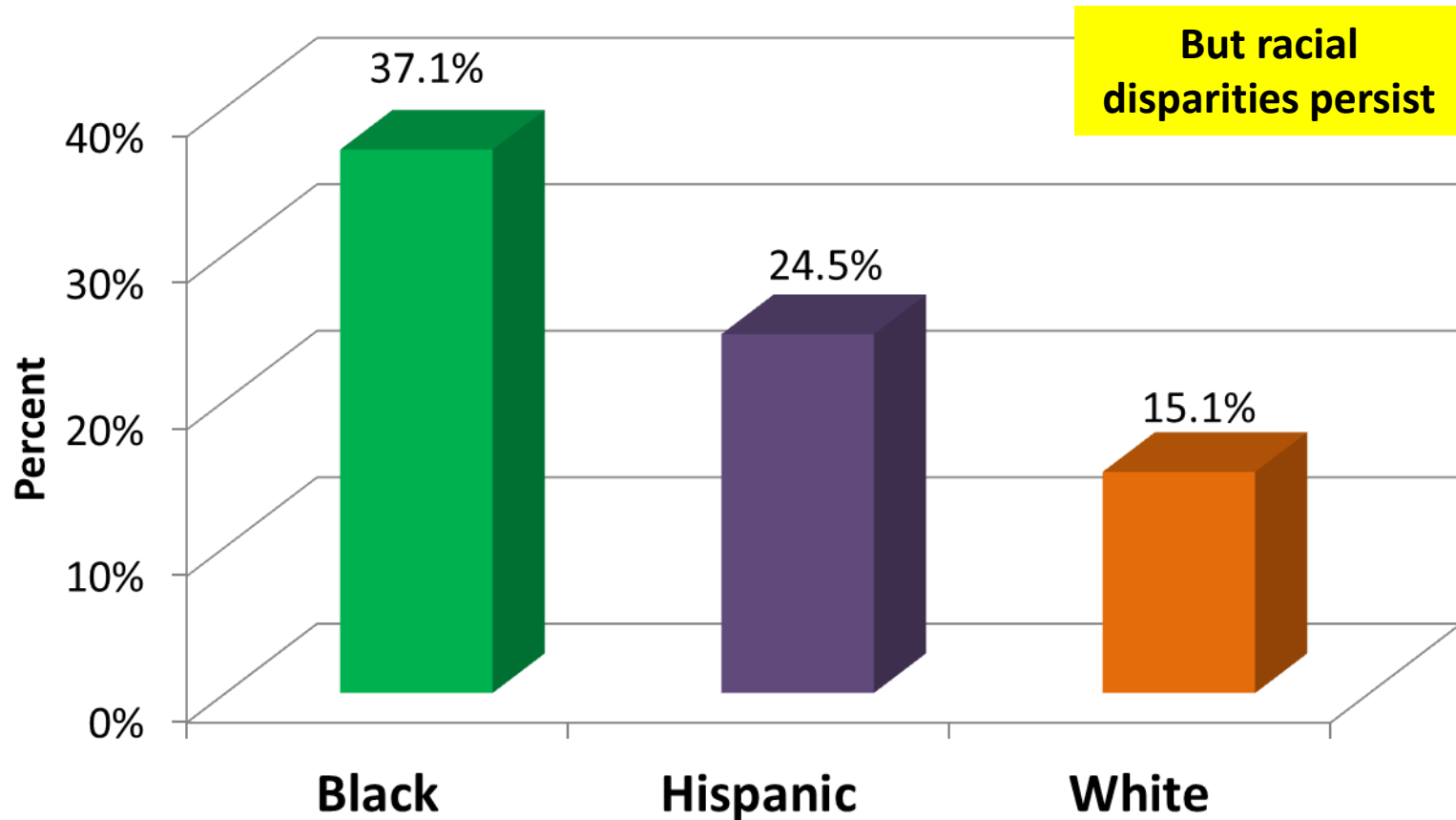
## Harford County & Maryland, 2007-2011

County rates are better than State



Source: Maryland Vital Statistics

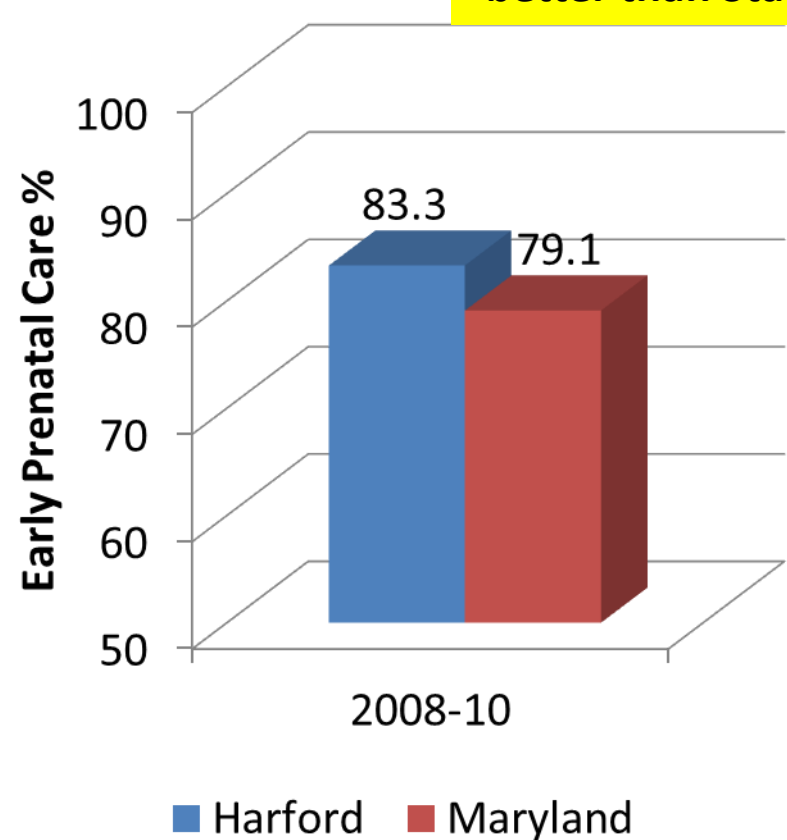
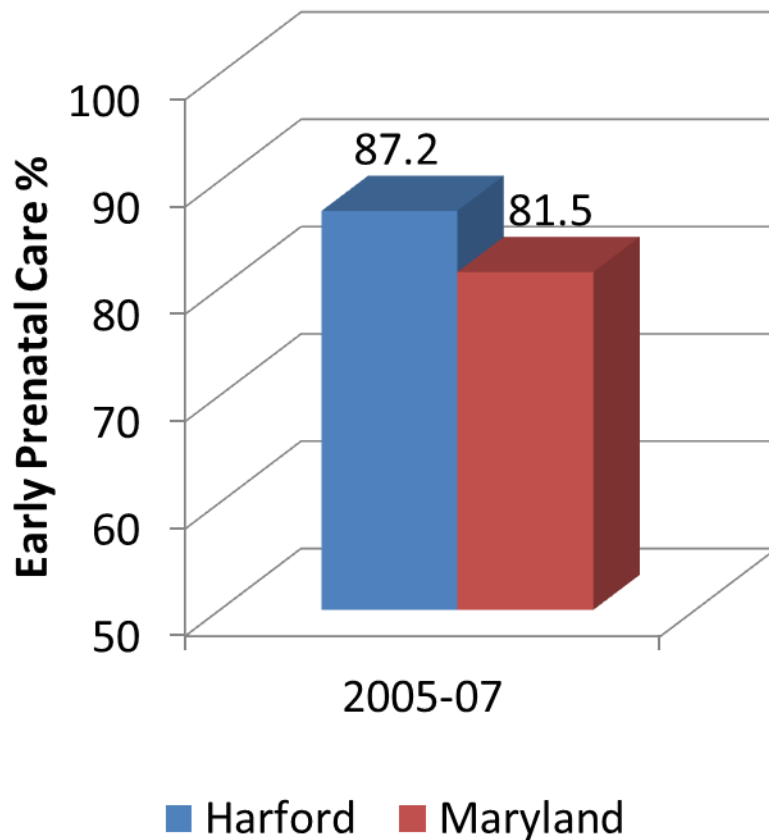
# *Teen Birth Rates, By Race/Ethnicity, Harford County, 2008-2010*



Source: Maryland SHIP Data (Maryland Vital Statistics)

# Early Prenatal Care Rates, Harford County & Maryland, 2005-07 to 2008-10

County rates are better than State

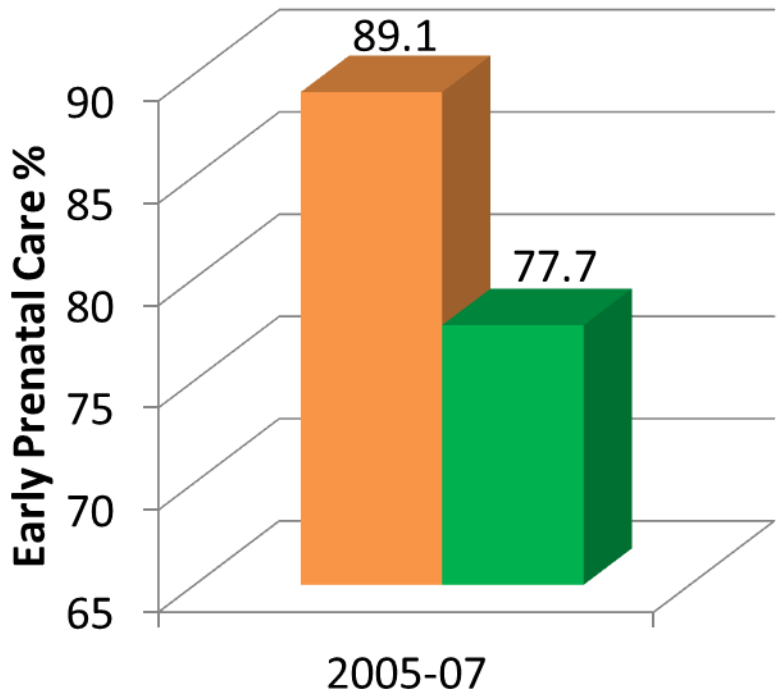




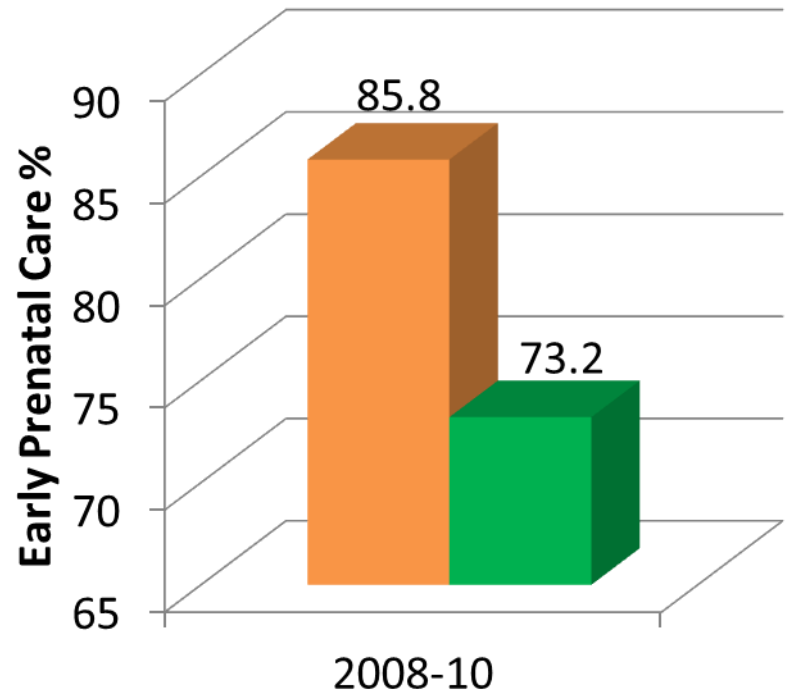
# Early Prenatal Care Rates, By Race

## Harford County & Maryland, 2005-07 to 2008-10

But racial disparities persist



Harford White Harford Black



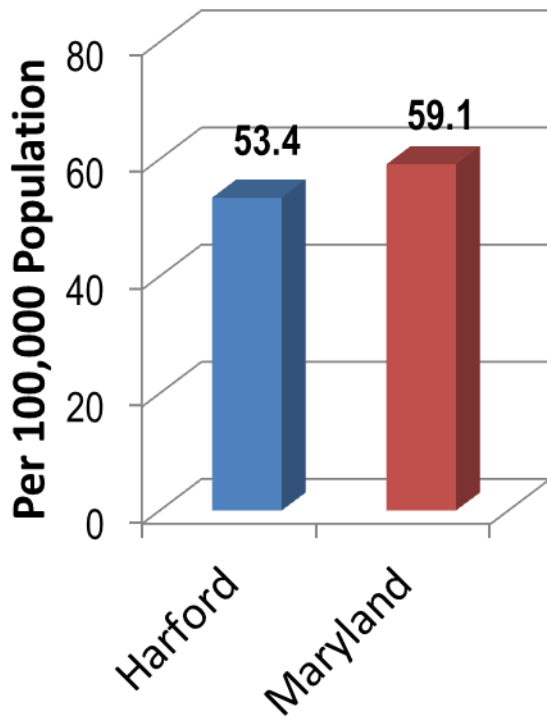
Harford White Harford Black

Source: Maryland Vital Statistics  
Data compiled at <http://www.matchstats.org/>

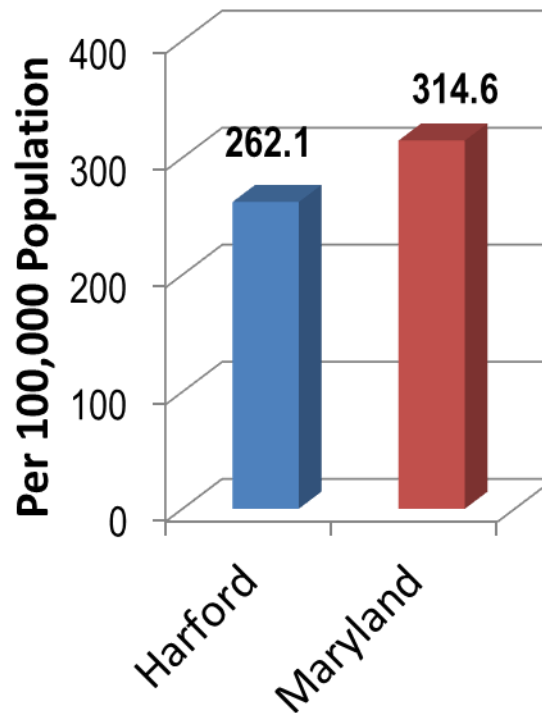
# Emergency Department Indicators Harford County & Maryland, 2011

County rates better than the State

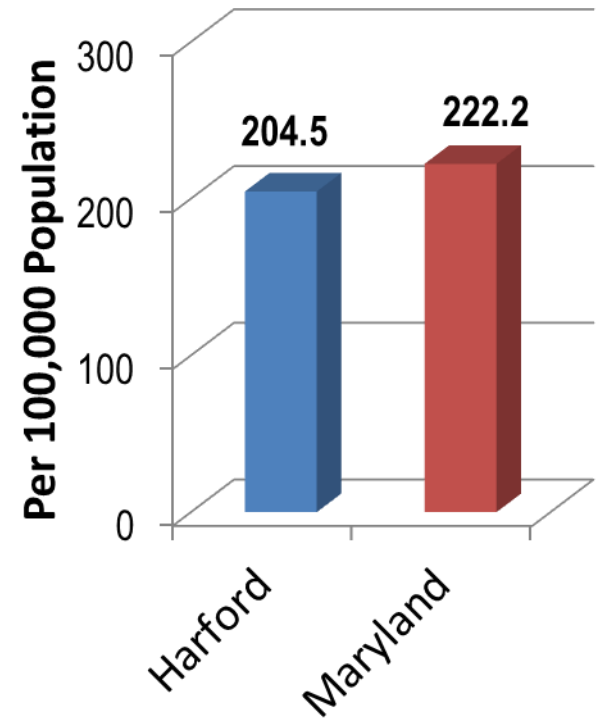
Asthma E.D. Visits



Diabetes E.D. Visits



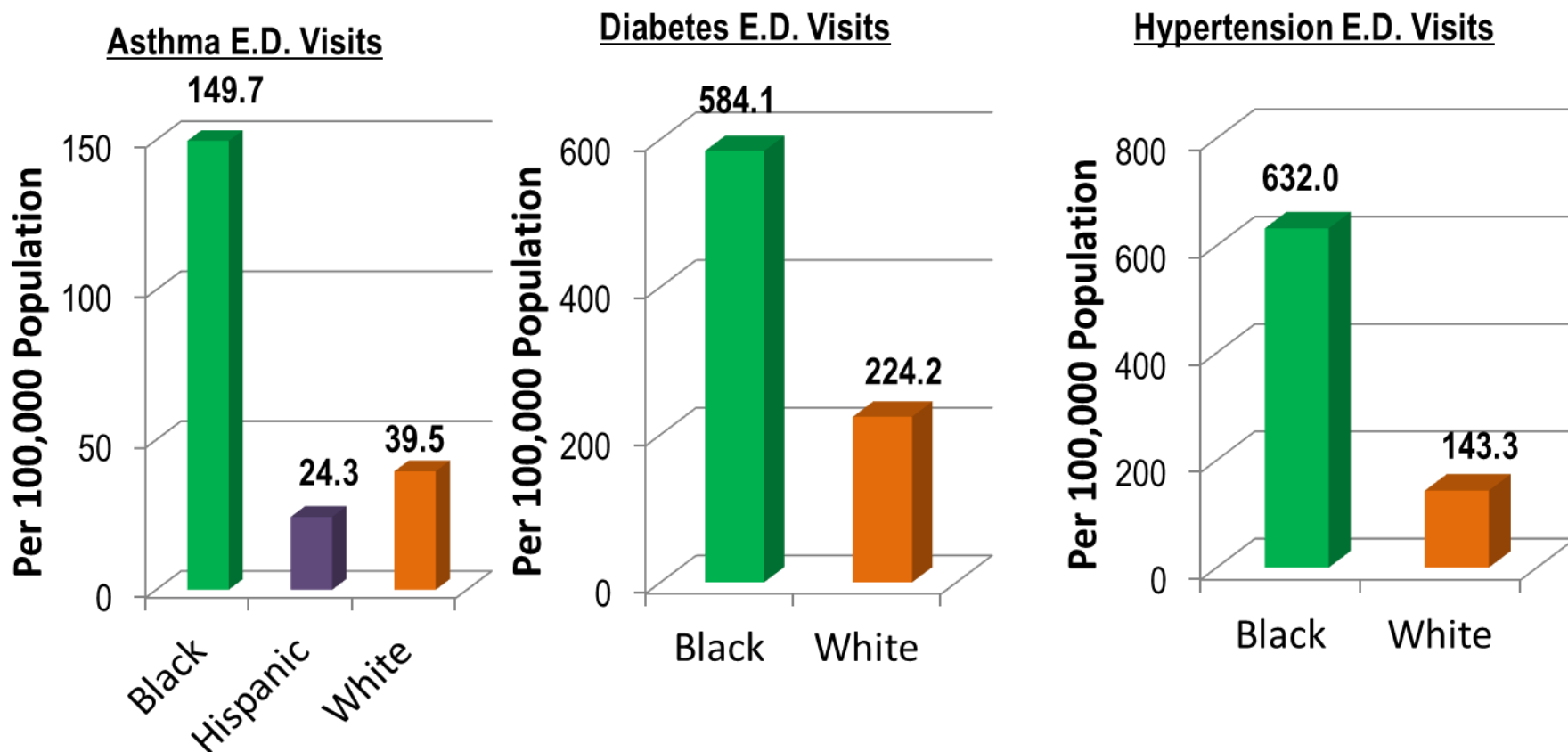
Hypertension E.D. Visits



Source: Maryland SHIP Data (HSCRC 2011)

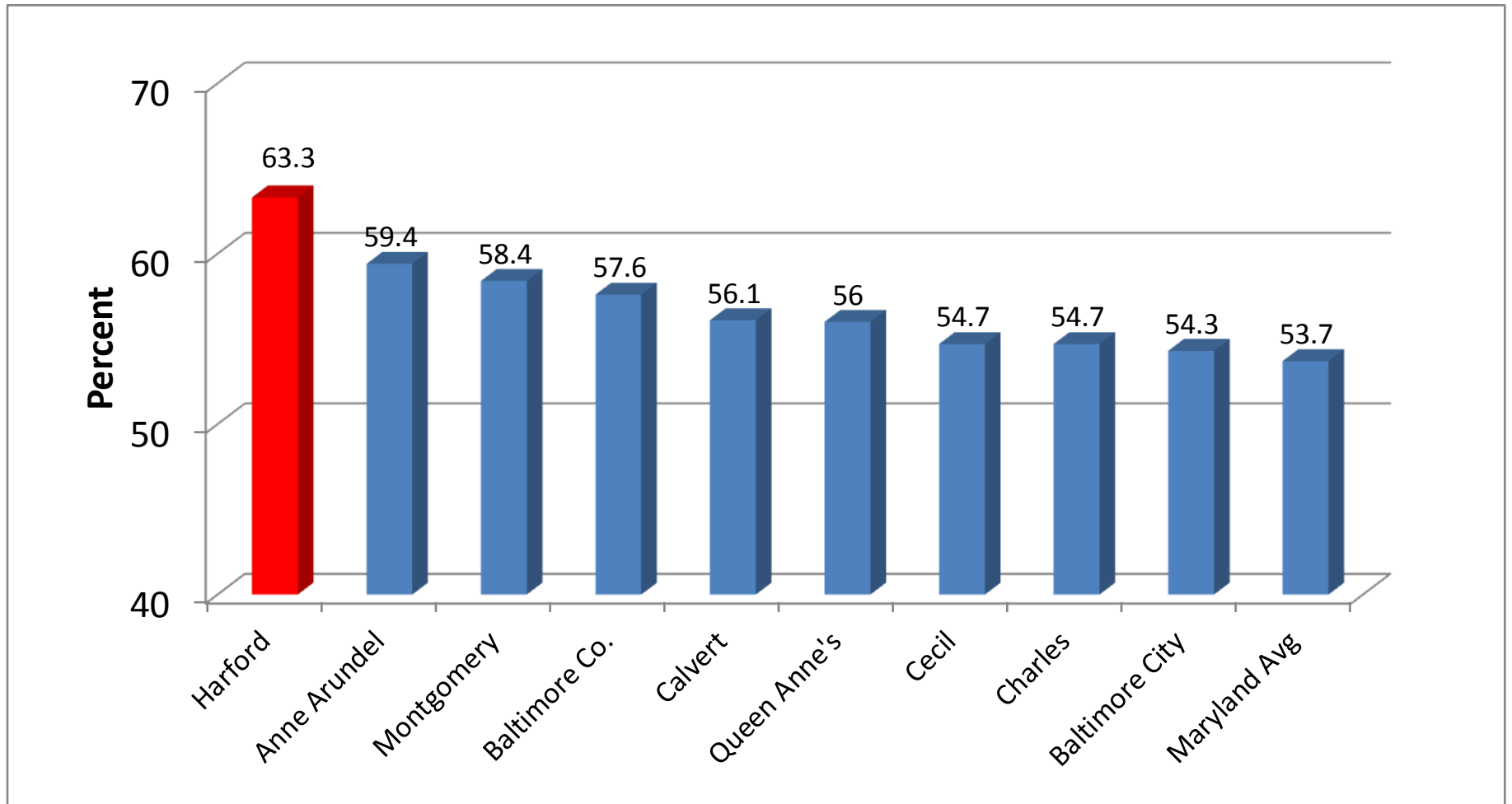
# Emergency Department Indicators By Race/Ethnicity, Harford County, 2011

But major disparities exist in  
E.D. visits for these conditions

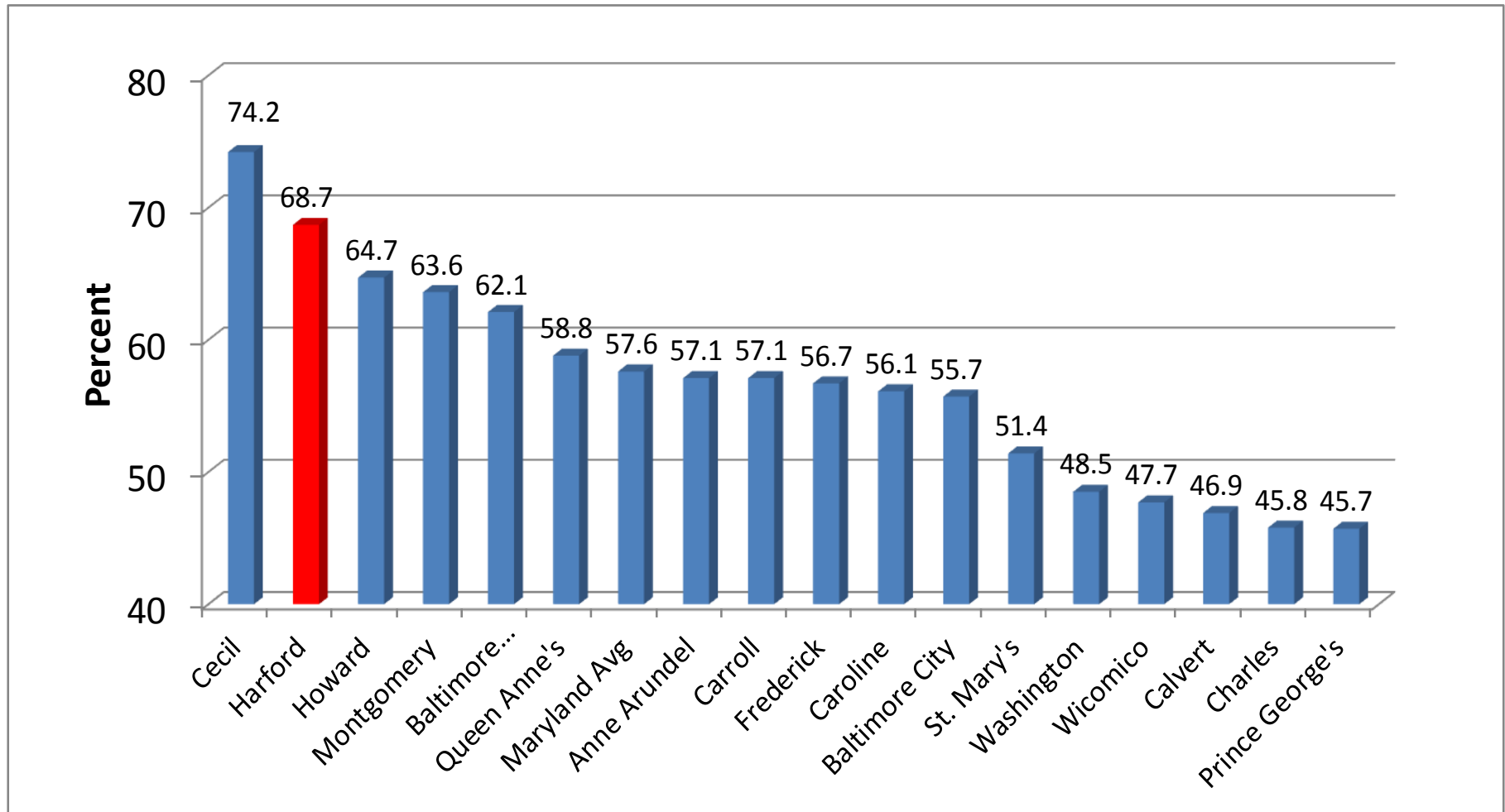


Source: Maryland SHIP Data (HSCRC 2011)

# *Childhood Influenza Vaccination Rates County Leaders, 2010*



# *Childhood Influenza Vaccination Rates County Leaders, 2011*



# *Which of the 38 SHIP objectives does Harford County rank worse than the State?*

<b>Demographic Indicators</b>	<b>Harford (2011)</b>	<b>Harford (2012)</b>	<b>MD (2012)</b>
* Heart disease death rate	210.7	195.7 ↓	182.0
* Cancer death rate	185.8	179.3 ↓	170.9
* Suicide death rate	11.6	12.4 ↑	8.7
* Drug-induced death rate	15.0	15.7 ↑	12.6
* Behavioral health E.D. admission rate	6,577	6,469 ↓	5,522
* Dental care for children (M.A.)	52.1%	55.4% ↑	57.1%
* Days of Air Quality Index (AQI) > 100	27	21 ↓	8.9
Adolescent wellness checkup (M.A.)	51.4%	53.3% ↑	53.3%
Fall-related death rate	6.8	7.7 ↑	7.7
Life expectancy	79.2	78.9 ↓	79.3

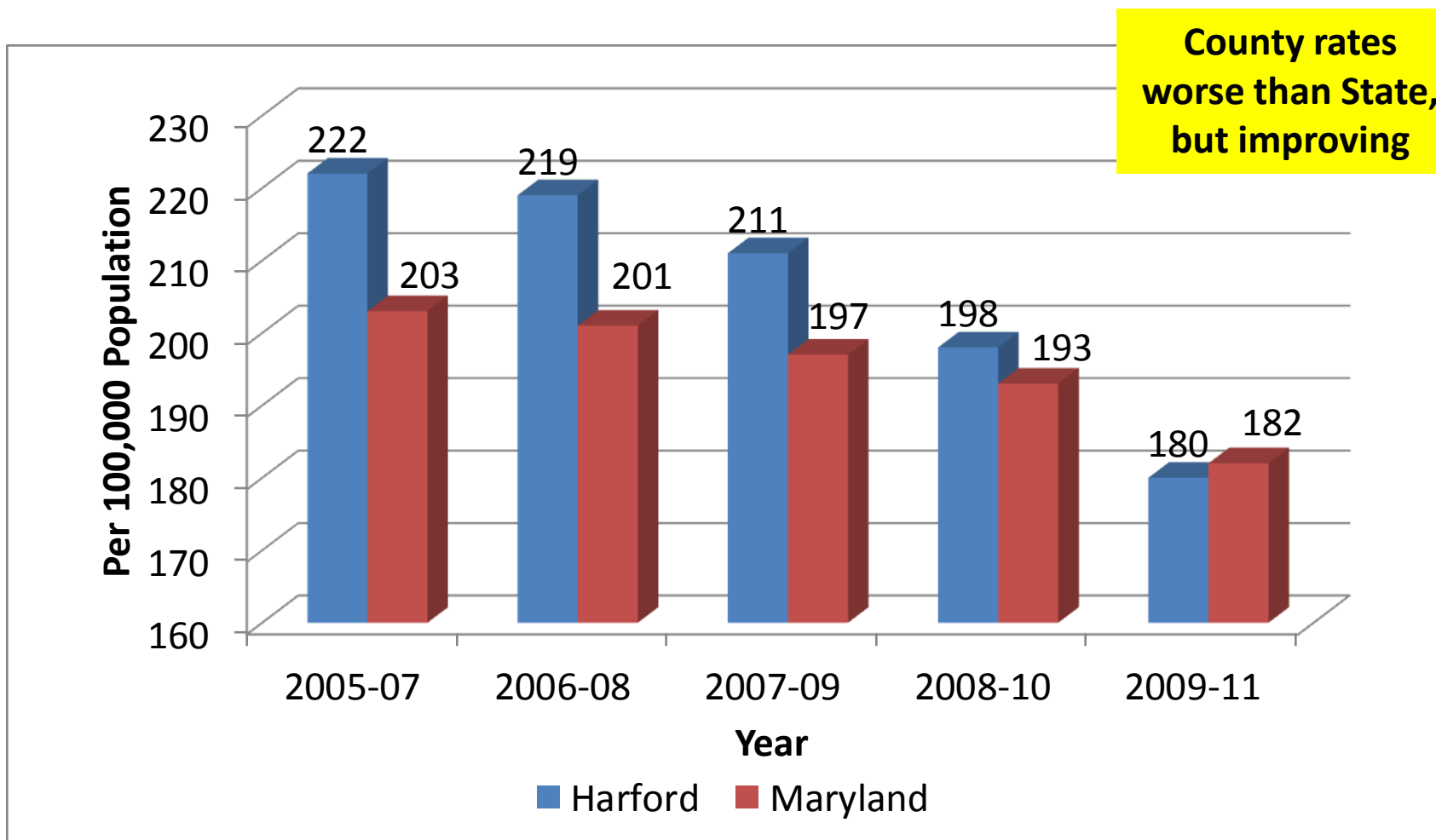
\* Signifies repeat objective that Harford County has performed worse than the State.

Note: Rates are per 100,000 population.

Source: Maryland SHIP Data, 7/1/2013

# Heart Disease Mortality Rates\*

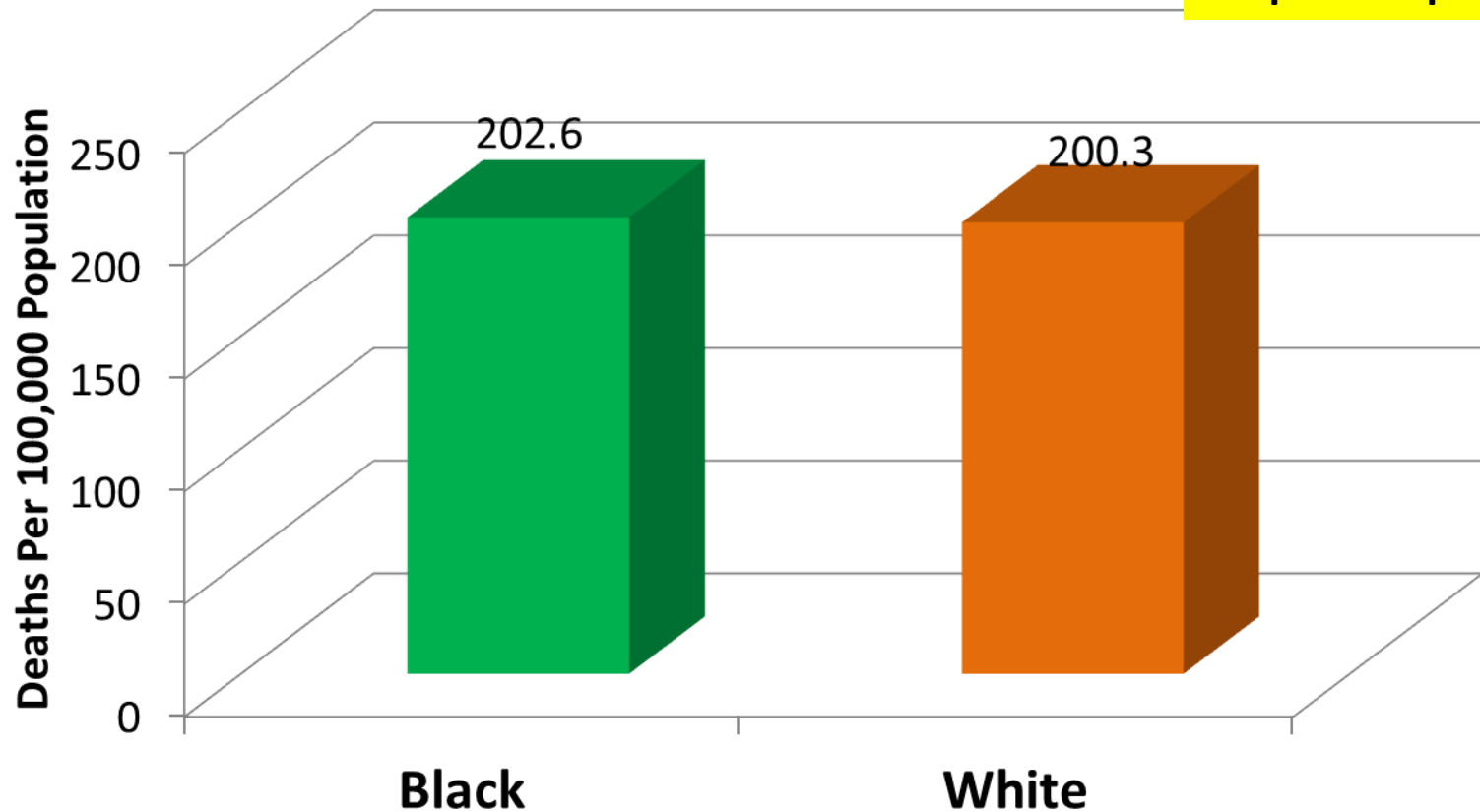
## Harford County & Maryland, 2005-2011



\* Age-Adjusted Rates  
Source: Maryland Vital Statistics

# Heart Disease Mortality Rates, By Race/Ethnicity, Harford County, 2008-2010

But slight racial disparities persist

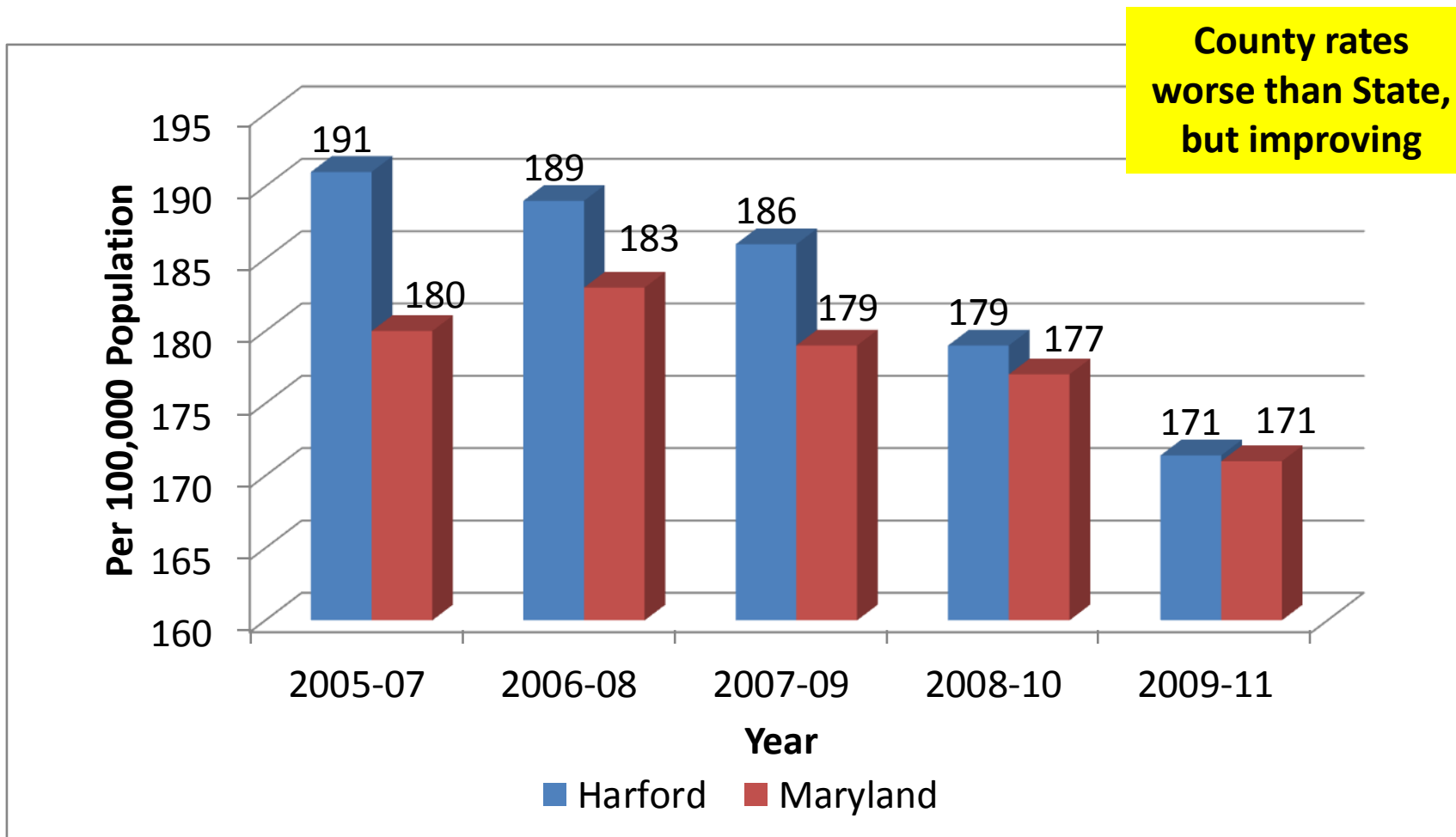


Source: Maryland SHIP Data (Maryland Vital Statistics)



# Cancer Mortality Rates\*

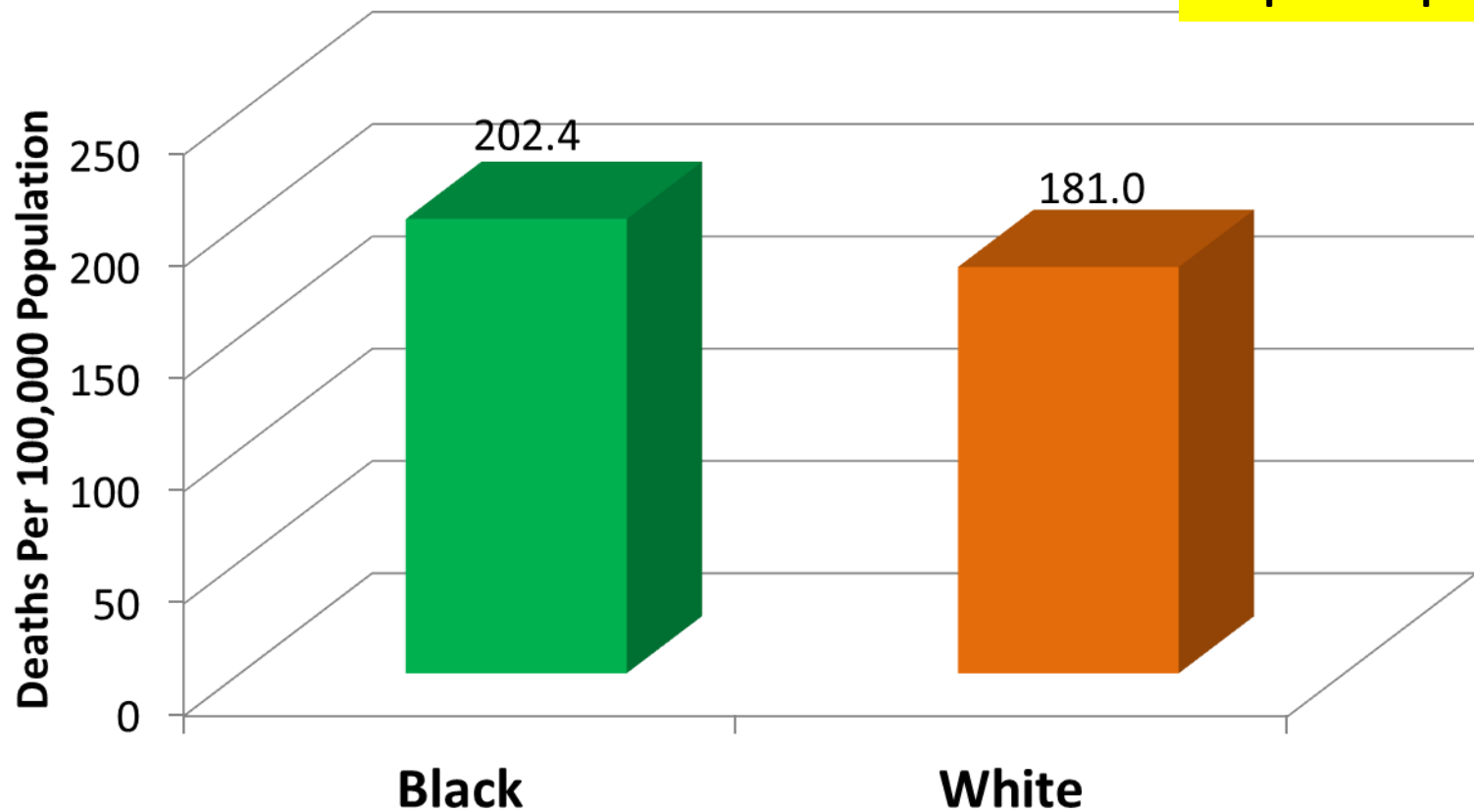
## Harford County & Maryland, 2005-2011



\* Age-Adjusted Rates  
Source: Maryland Vital Statistics

# Cancer Mortality Rates, By Race/Ethnicity, Harford County, 2008-2010

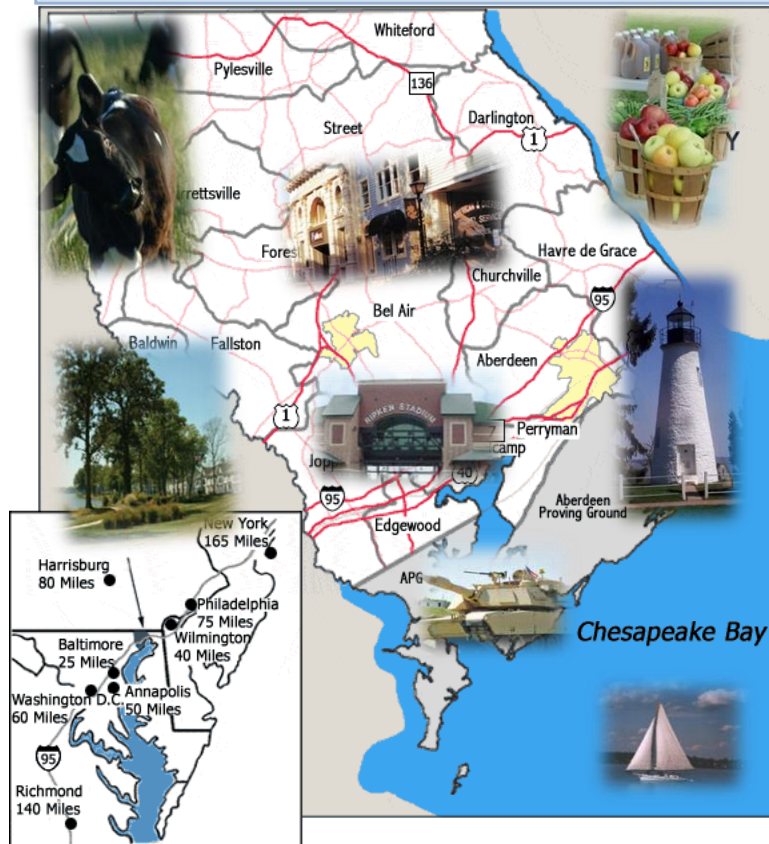
But slight racial  
disparities persist



Source: Maryland SHIP Data (Maryland Vital Statistics)

# ***Our Community Health Improvement Plan released in December 2012 showed . . .***

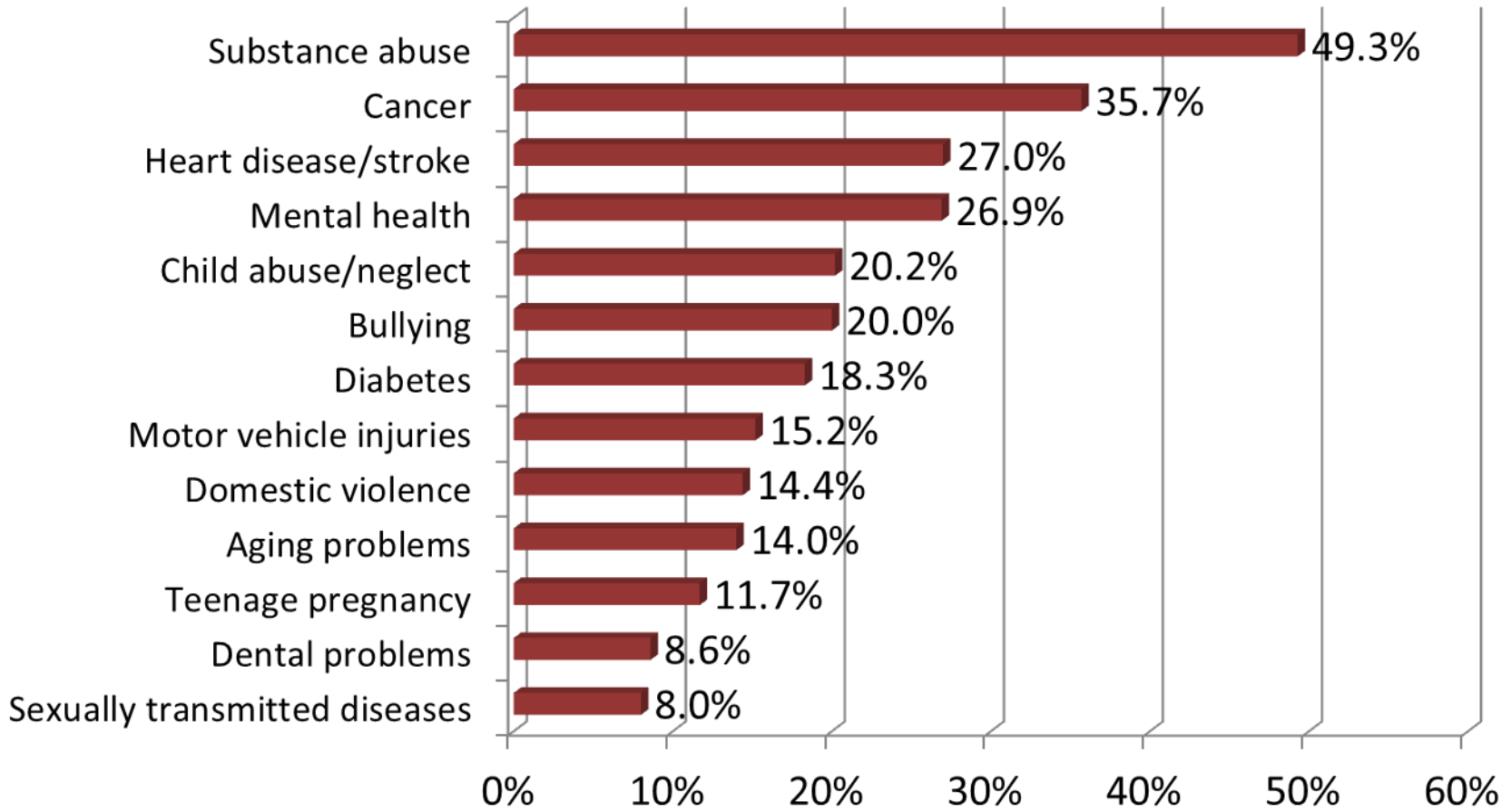
## HARFORD COUNTY, MARYLAND COMMUNITY HEALTH IMPROVEMENT PLAN, DECEMBER 14, 2012



- Harford County's Community Health Improvement Plan is a long-term, systematic process for addressing issues identified in its Community Health Assessment in order to improve health outcomes. Strategies include:
  - **Obesity Prevention**
    - Increasing access to healthy foods
    - Enhancing the built environment
    - Creating a "Community of Wellness"
  - **Tobacco Use Prevention**
    - Promoting community awareness
    - Encouraging workplaces to be smoke-free
    - Policy changes regarding sales to minors
  - **Behavioral health**
    - Integrating and improving the delivery of substance abuse and mental health services

# ***“The most important health problems in Harford County are . . . “***

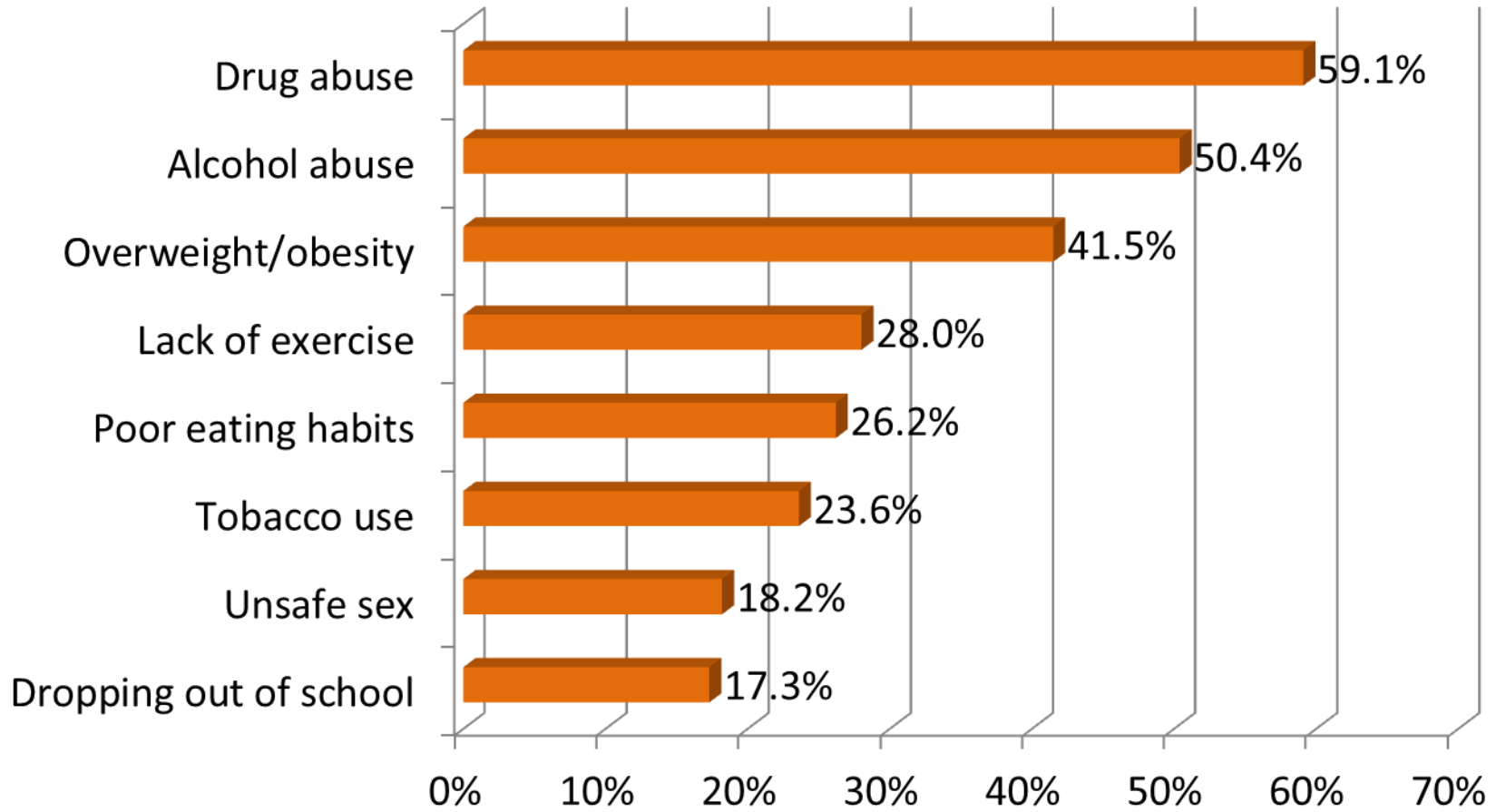
**Top 4 problems are substance abuse, cancer, heart disease, and mental health**



Source: Harford County Local Health Improvement Process  
Community Feedback Survey of 887 respondents, December 2012

# *“The most worrisome risky behaviors in Harford County are . . . ”*

**Drug and alcohol abuse rank 1st & 2nd**



Source: Harford County Local Health Improvement Process  
Community Feedback Survey of 887 respondents, December 2012

**”The plan could be improved if there were more advertisements showing that there are programs to help those with substance abuse, encouragement to eat healthier, and in general, just live a healthy lifestyle ...”**

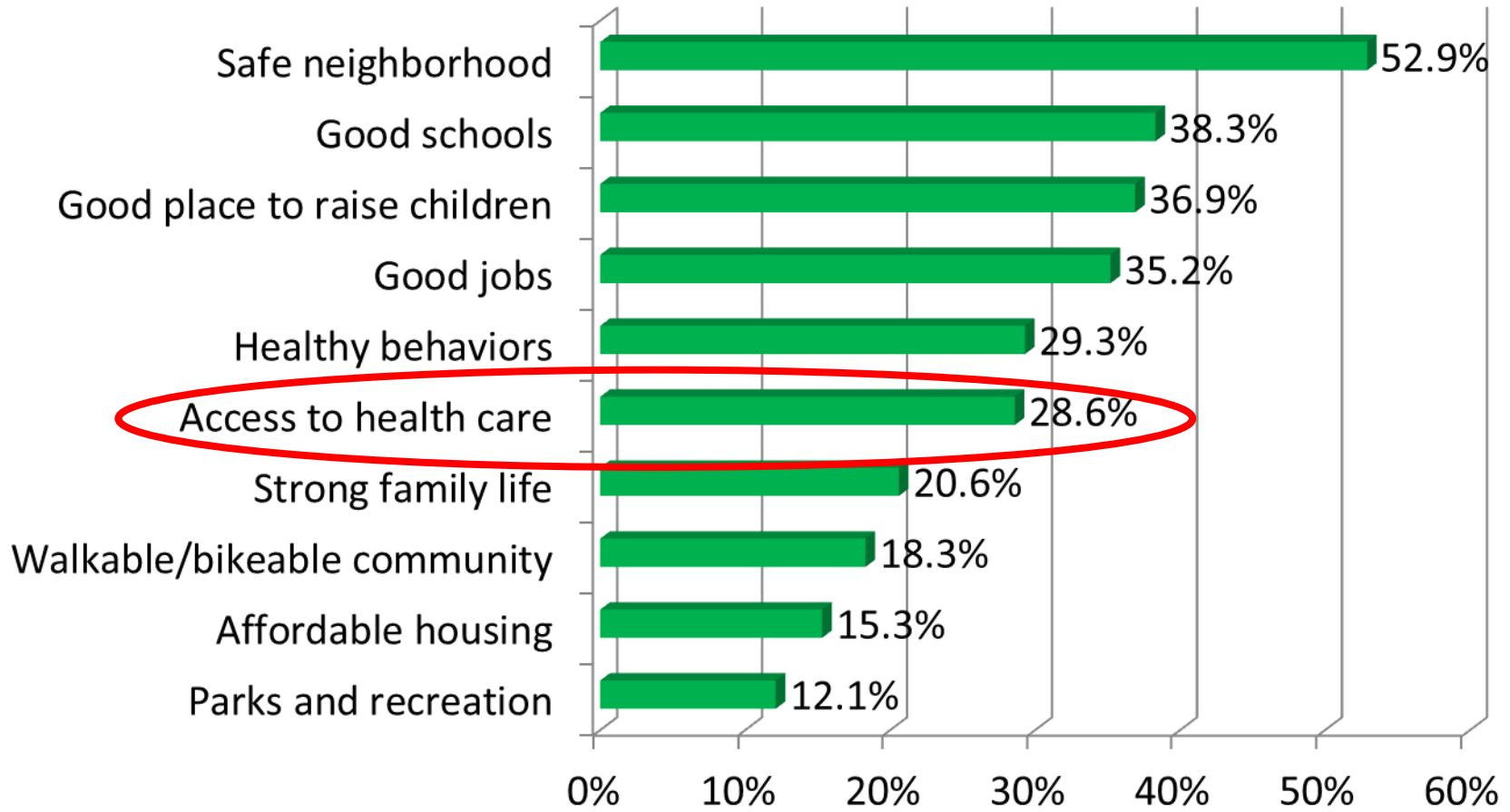
**what people  
are saying**

**” We’ve found very little help for substance abusers in Harford County unless you’re very wealthy ...”**

**” Start teaching children in elementary school about the prevention of tobacco and substance abuse. Teach them they don’t have to do drugs or smoke, that there is a better way.”**

# *“The most important factors for a healthy community in Harford County are . . . “*

**Access to care  
ranks 6th**



Source: Harford County Local Health Improvement Process  
Community Feedback Survey of 887 respondents, December 2012



**” Force students to take physical education!! We have such a push on AP (advanced placement) classes that we’re forgetting our health ...”**

**”Harford County is the poster child for sprawl that virtually requires travel by auto. It is essential to change existing practices to create increased opportunities for active transportation as part of our lives ...”**

**”Healthcare should be improved for those who are between the cracks in qualifying for any kind of health service. They have no insurance and yet make a dollar too much to qualify for any kind of healthcare ...”**





## Health Care Access



*But is  
access to  
health  
care in  
Harford  
County  
sufficient?*

# *To Get Started: Some Questions*

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## **THE PATIENT (1<sup>ST</sup> Party)**

- Who are Harford County residents?

## **THE PROVIDER (2<sup>ND</sup> Party)**

- Are there enough health care providers in the County?

## **THE INSURER (3<sup>RD</sup> Party)**

- Do County residents have health care insurance?

## **THE BIG QUESTION**

- Do County residents access health care?

# ***The 1<sup>st</sup> Party: Patients***

Who are Harford County residents?

# Quick Facts About Harford County

Demographic Indicators	Harford County	Maryland
Population (2010/2012 estimate)	244,826 / 248,622	5,773,552 / 5,884,563
Population % change (2000-10 / 2010-12)	12% / 1.6%	9% / 1.9%
Population < 5 yrs old / ≥ 65 yrs old (2011)	5.9% / 12.8%	6.3% / 12.5%
White/Black/Hispanic population % (2011)	81.6%/13.2%/3.7%	61.1%/30.0%/8.4%
Language other than English % (2007-11)	7.5%	16.2%
High school graduate % (2007-11)	91.3%	88.2%
Homeownership rate (2007-11)	81.5%	68.7%
Median household income (2007-11)	\$79,953	\$72,419
Persons below poverty level % (2007-11)	6.5%	9.0%
Persons per square mile (2010)	560.1	594.8

**Harford County is better educated & wealthier – with smaller minority populations than the State**

# ***Methodology for Determining At-Risk Maryland Communities Based on 15 Selected Medical & Social Indicators, 2010***

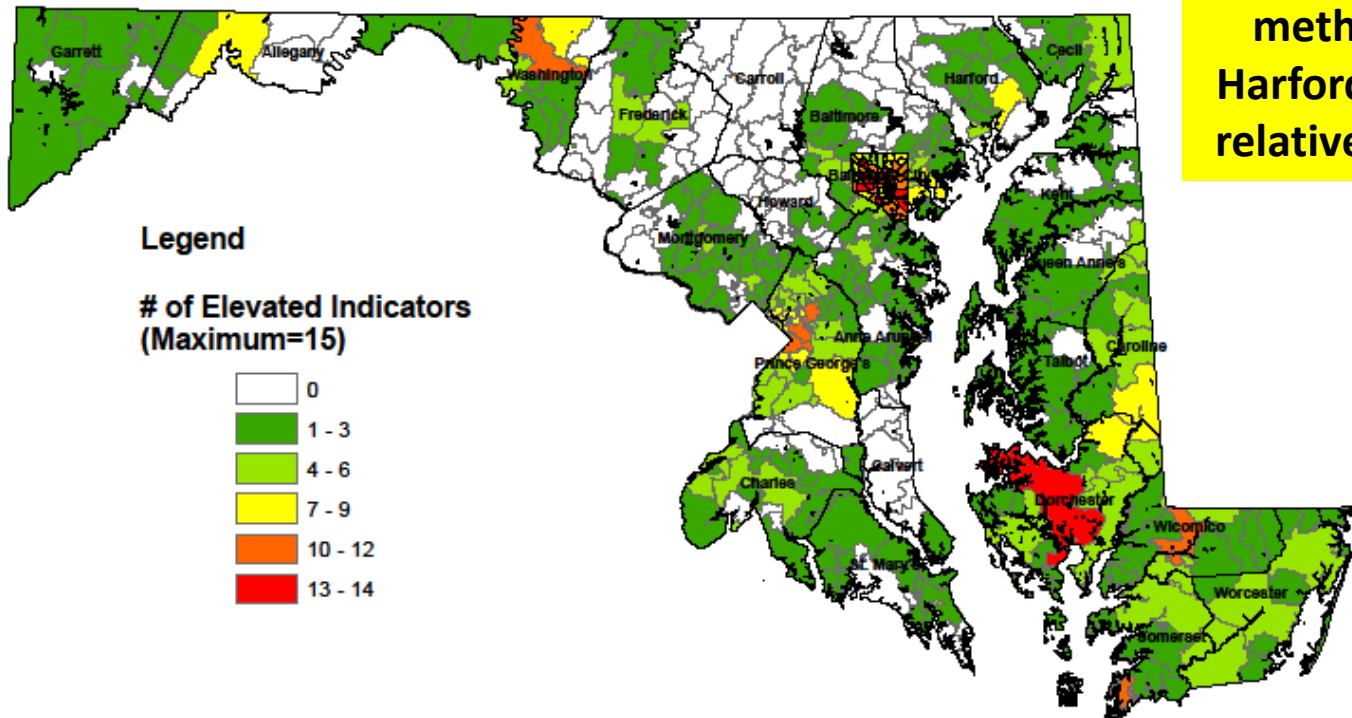
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- Infant mortality rate
- % Preterm births
- % Low birth weight births
- % Families in poverty
- Crime rate
- Protective orders rate
- % High school dropouts
- % Ready to enter school
- Substance abuse treatment rate
- % Unemployed
- Abuse & neglect rate
- % Late or no prenatal care
- Teen birth rate
- WIC participation rate
- Medicaid enrollment rate

**Income, education and health factors correlate with many other factors**

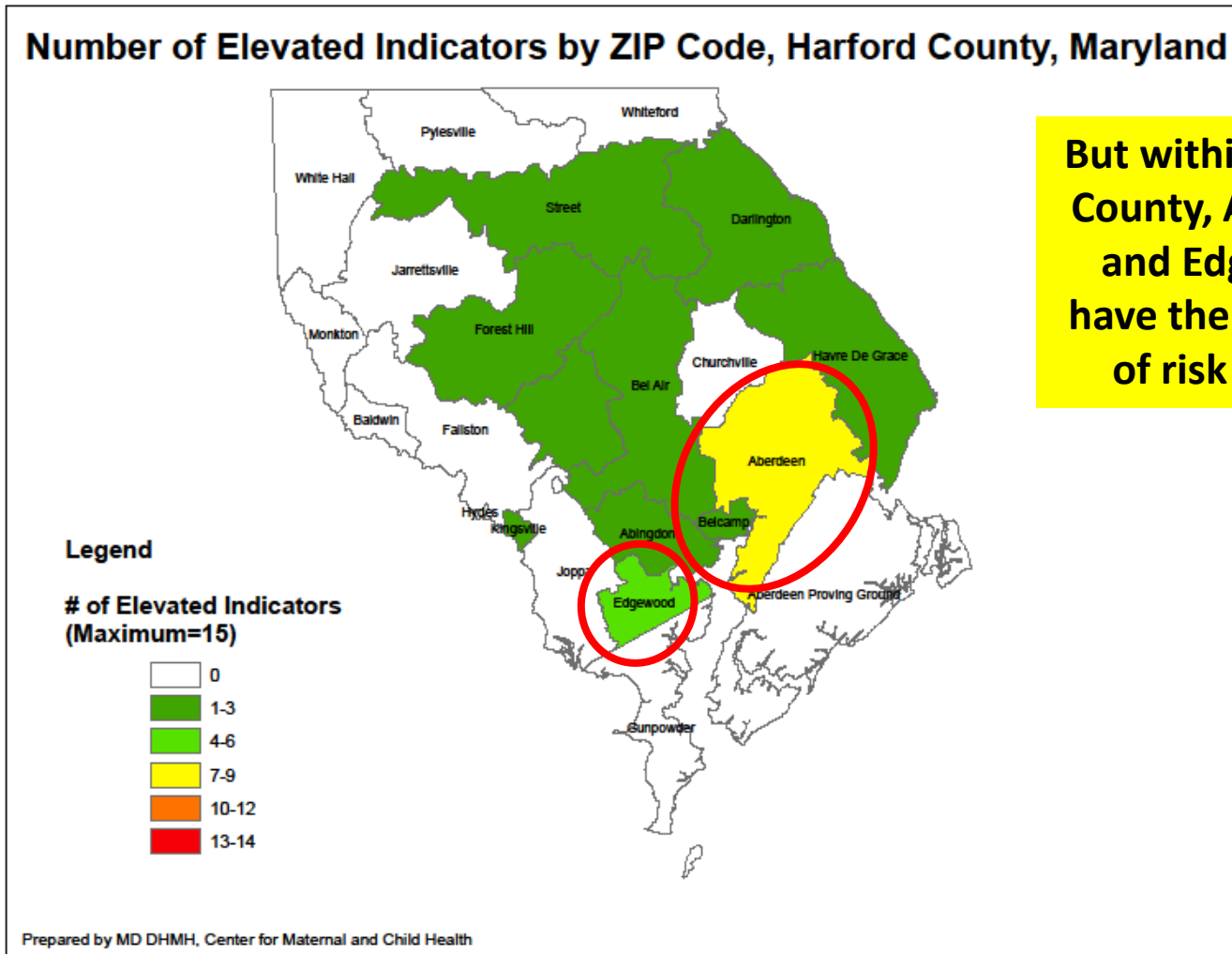
# Maryland Communities at Risk for 15 Selected Medical & Social Indicators, 2010

Number of Elevated Indicators by CSA (Baltimore City) or ZIP Code, Maryland



By this methodology, Harford County is relatively low risk

# Harford County Communities at Risk for Selected Medical & Social Indicators, 2010



**But within Harford County, Aberdeen and Edgewood have the highest # of risk factors**

# *Who are Harford County residents?*

Answer: Harford County residents, as a group, are wealthier and better educated than the State as a whole; however, there are pockets of high-risk areas in the County.



# ***The 2<sup>nd</sup> Party: Providers***

Are there enough health care providers in Harford County?

# ***Health Professional Shortage Areas (HPSAs): The Basics***

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## **3 HPSA Disciplines**

- Primary Care
  - General Practice, Family Medicine, Internal Medicine, Pediatrics, Ob/Gyn
- Dental
  - General Dentistry and Pedodontics
- Mental Health
  - Psychiatrists, Clinical Psychologists, LCSWs, others

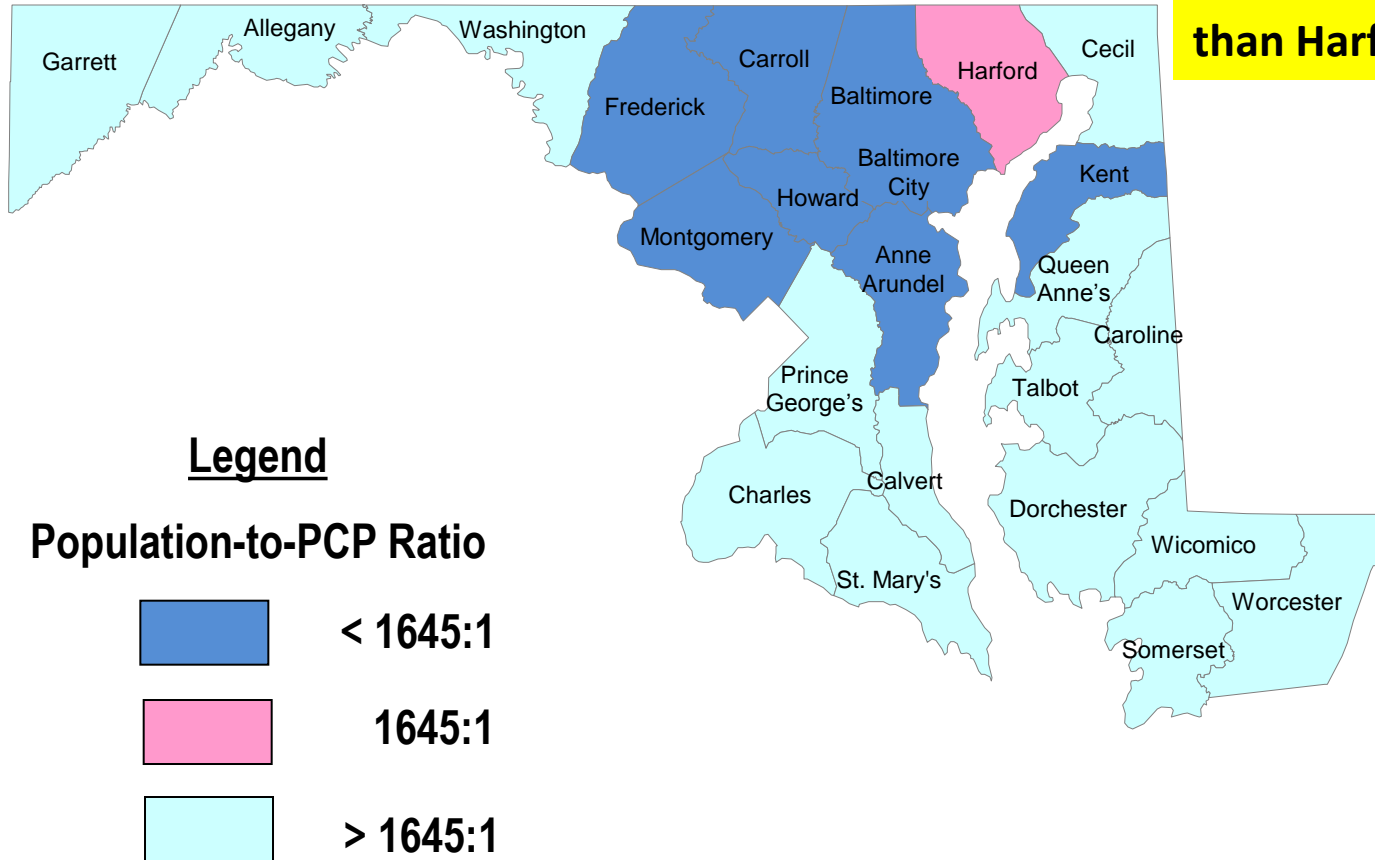
## **3 HPSA Designations**

- Geographic Area
  - Counties, neighborhoods, multiple counties, others
- Population Groups
  - Within a geographic area population, groups may be low income, Medicaid, homeless, Native American, others
- Facility
  - Correctional or youth detention, public or nonprofit, State or county mental hospitals

NOTE: Designations determined by US DHHS/HRSA, with data supplied by DHMH

# Maryland Population-to-Primary Care Physician Ratio, 2010

**Only 8 jurisdictions  
have a better ratio  
than Harford County**

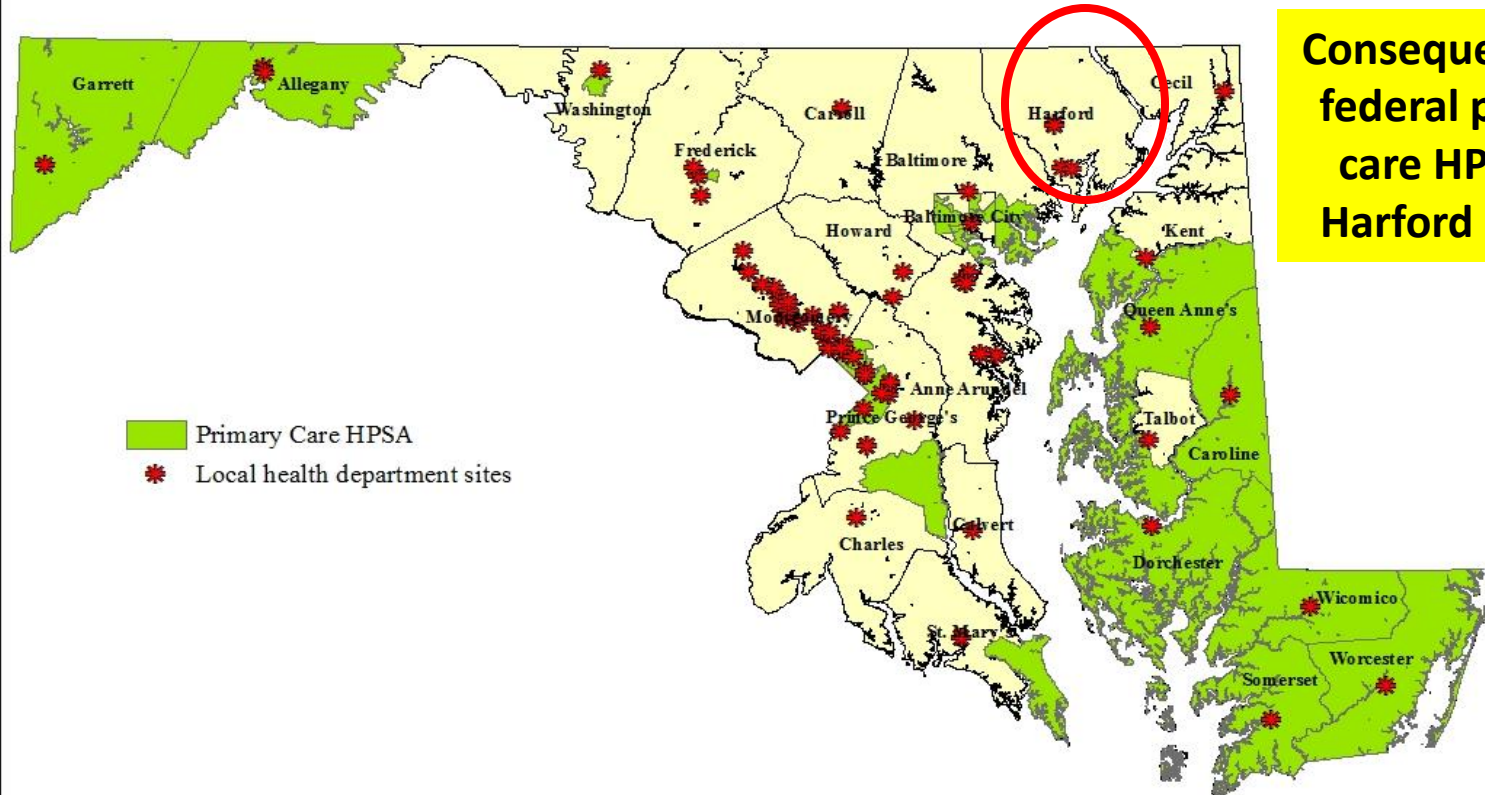


NOTE: Maryland average Population:PCP ratio is 1153:1

Data Source: County Health Rankings, 2013

# Primary Care HPSA in Maryland, 2010

## Maryland Primary Care Health Professional Shortage Area (HPSA) Designations and Local Health Department Service Delivery Sites

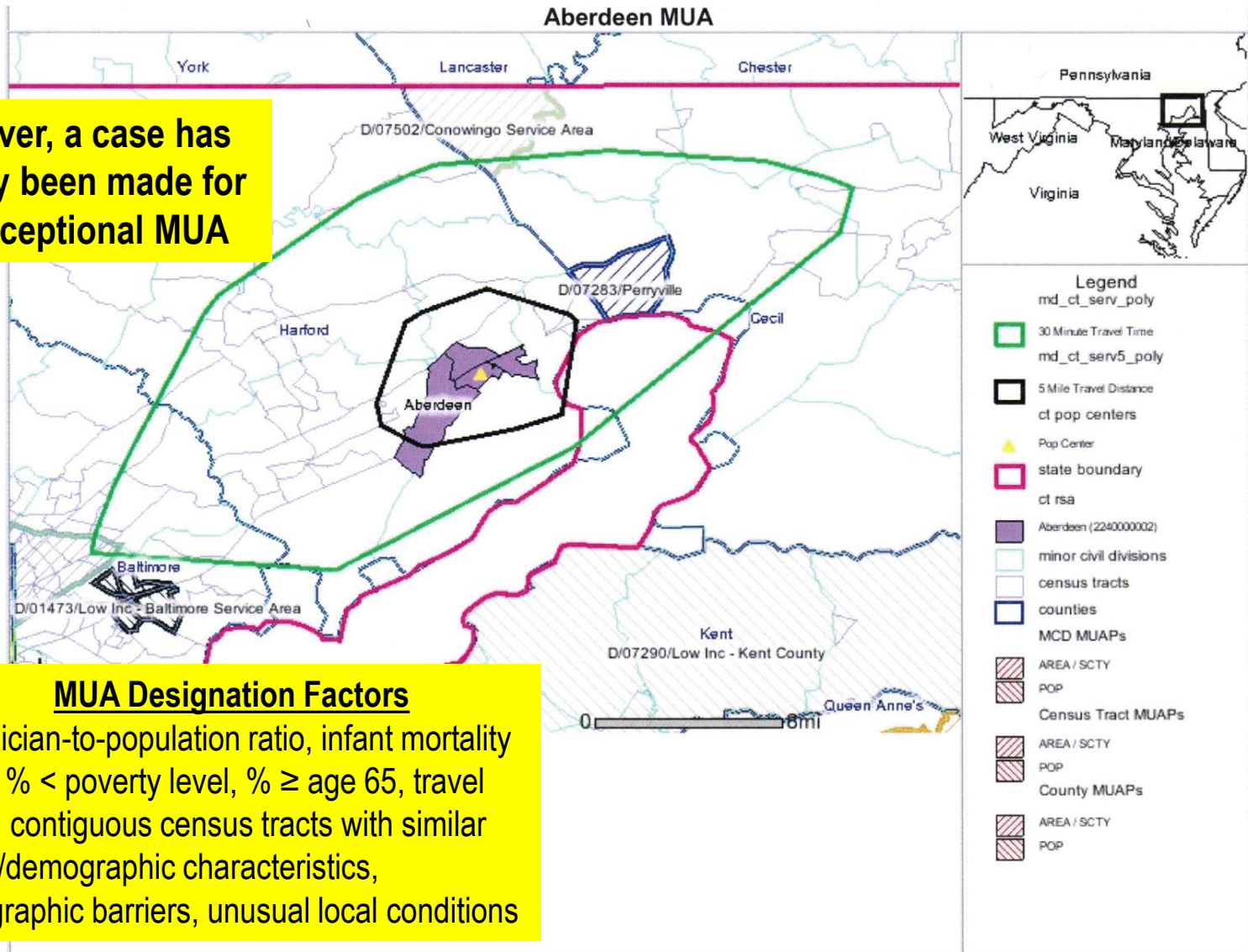


**Consequently, no federal primary care HPSAs in Harford County**

Created by Office of Primary Care Access, HSLA, Maryland DHMH  
Source: HPSA Data Warehouse and 2010 Census and Maryland Health Access Assessment Tool

# Exceptional Medically Underserved Area, Aberdeen, 2008

However, a case has already been made for an Exceptional MUA



## MUA Designation Factors

physician-to-population ratio, infant mortality rate, % < poverty level, % ≥ age 65, travel time, contiguous census tracts with similar SES/demographic characteristics, geographic barriers, unusual local conditions

# ***“Unusual Local Conditions” Rationale for an Exceptional Designation as an MUA in Aberdeen***

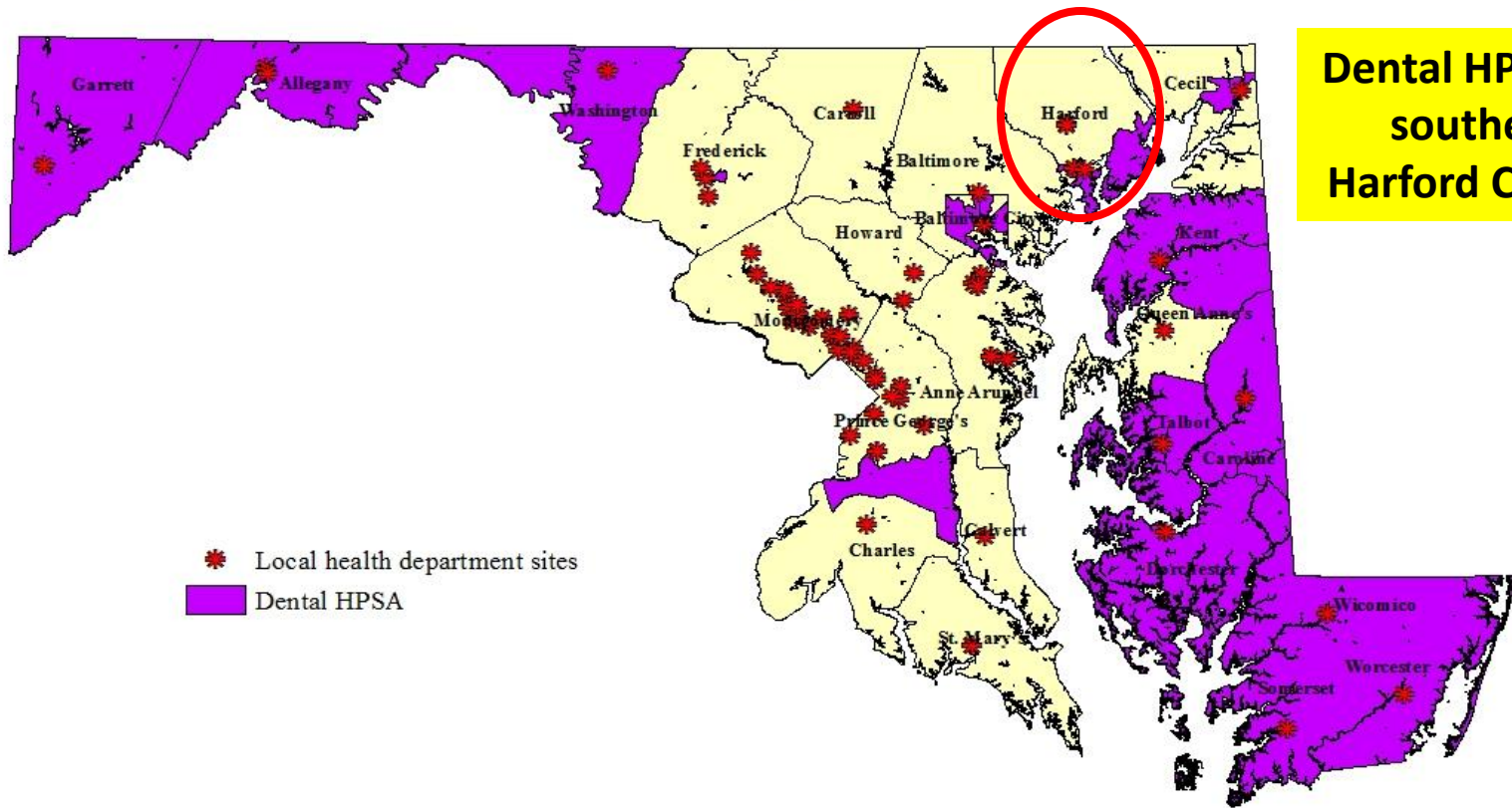
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- **“Aberdeen is experiencing a shortage of primary care providers.** The population-to-provider ratio is 3700:1. A ratio greater than 3500:1 is considered underserved . . . In addition, the percentage of the population at or below the 200% federal poverty level is higher (33.9%) than other areas within a 30-minute radius of Aberdeen . . .
- **“The U.S. Army Garrison Aberdeen Proving Ground borders the town** of Aberdeen, along its southern border. Civilians cannot access health care services provided on the Aberdeen Proving Ground . . .
- **“The Tydings Memorial Bridge and the Hatem Memorial Bridge connect the area of Harford County to Cecil County.** A \$5 toll is collected . . . These two bridges create physical and financial access barriers for Aberdeen residents attempting to receive health care services in Cecil County . . .

Source: 2008 DHMH letter to US DHHS requesting Governor’s Exceptional MUA designation for Aberdeen

# Dental Care HPSA in Maryland, 2010

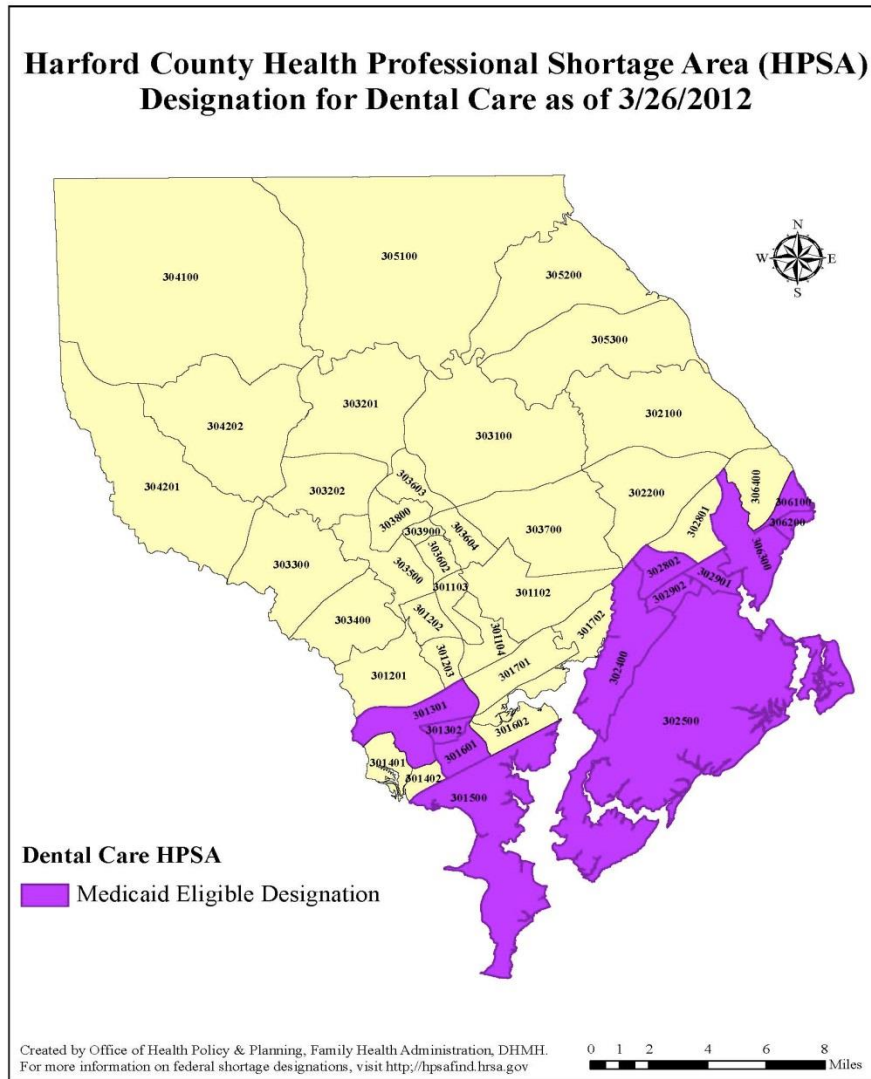
## Maryland Dental Health Professional Shortage Area (HPSA) Designations and Local Health Department Service Delivery Sites



Dental HPSAs in southern Harford County

Created by Office of Primary Care Access, HSIA, Maryland DHMH  
Sources: HRSA Data Warehouse, 2010 Census, and Maryland Health Access Assessment Tool

# Dental Medicaid HPSAs in Harford County, 2012

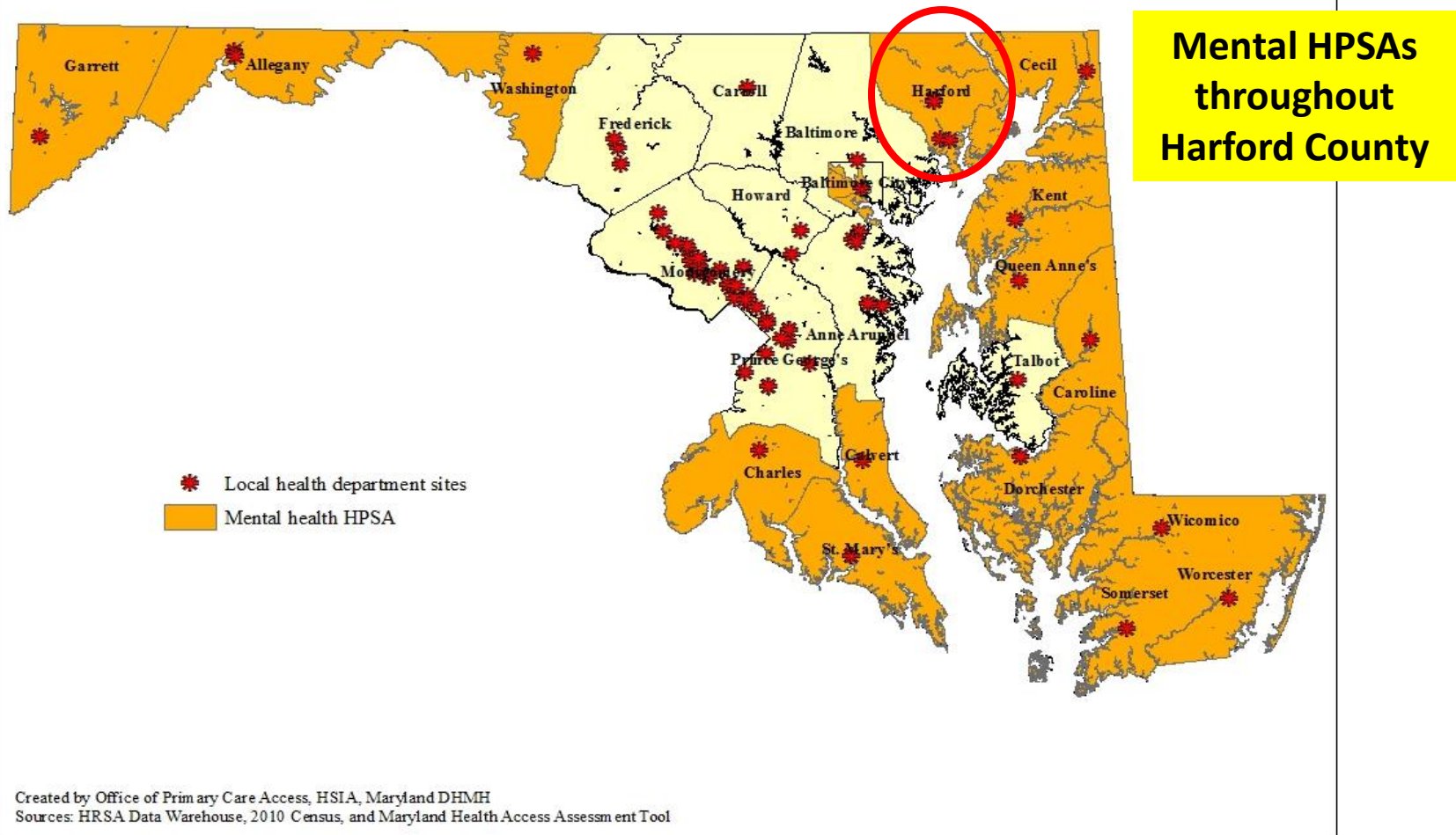


**Dental HPSAs in  
southern  
Harford County**

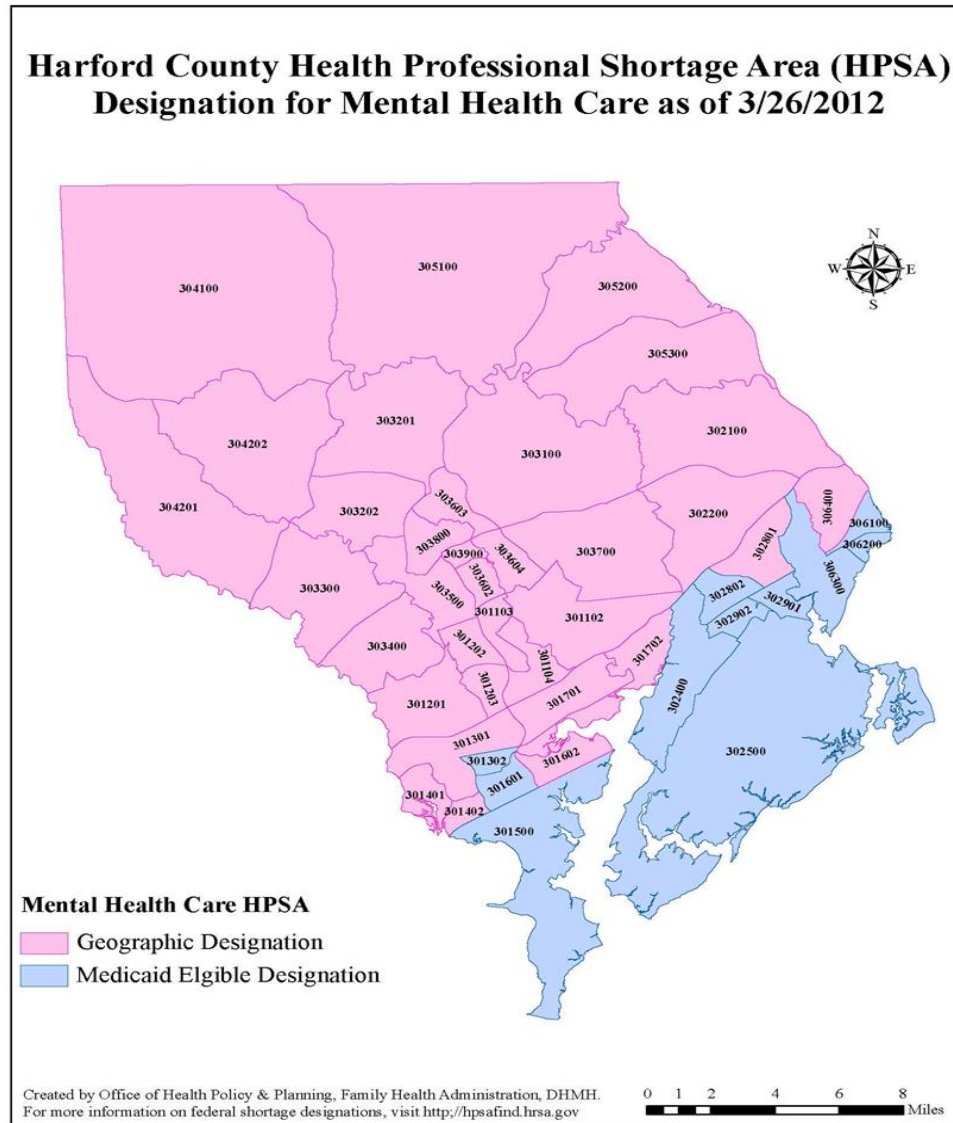


# Mental Health Care HPSA in Maryland, 2010

## Maryland Mental Health Professional Shortage Area (HPSA) Designations and Local Health Department Service Delivery Sites



# Mental Health HPSAs in Harford County, 2012



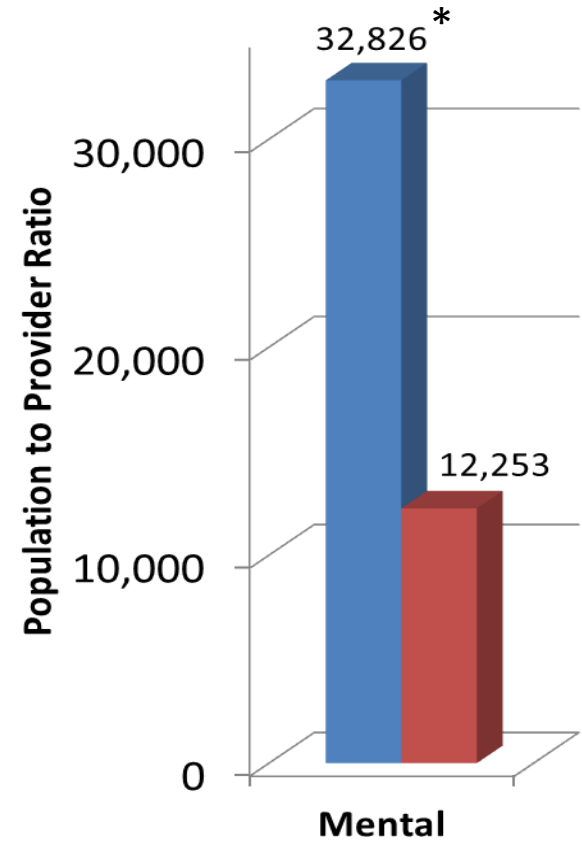
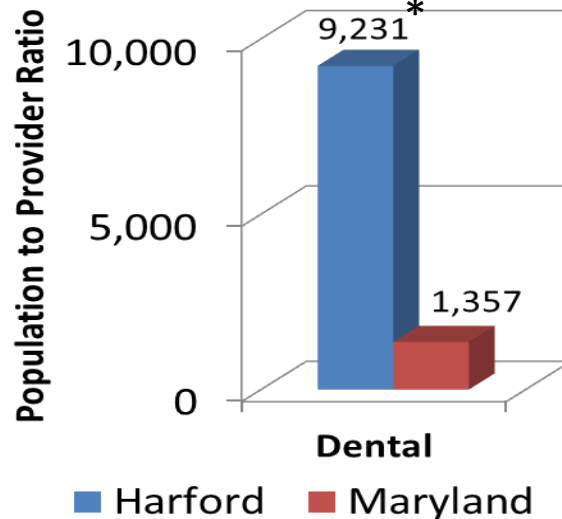
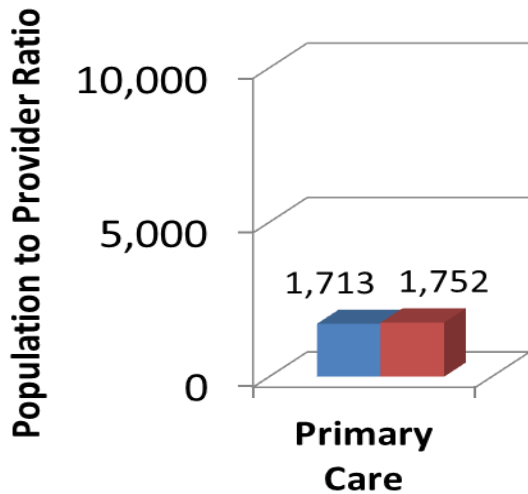
**Mental HPSAs  
are throughout  
Harford County**

# Population to Provider Ratios Harford County & Maryland

**Mental HPSA:  $\geq 30,000:1$**

**Dental HPSA:  $\geq 5,000:1$**

**Primary HPSA:  $\geq 3,500:1$**



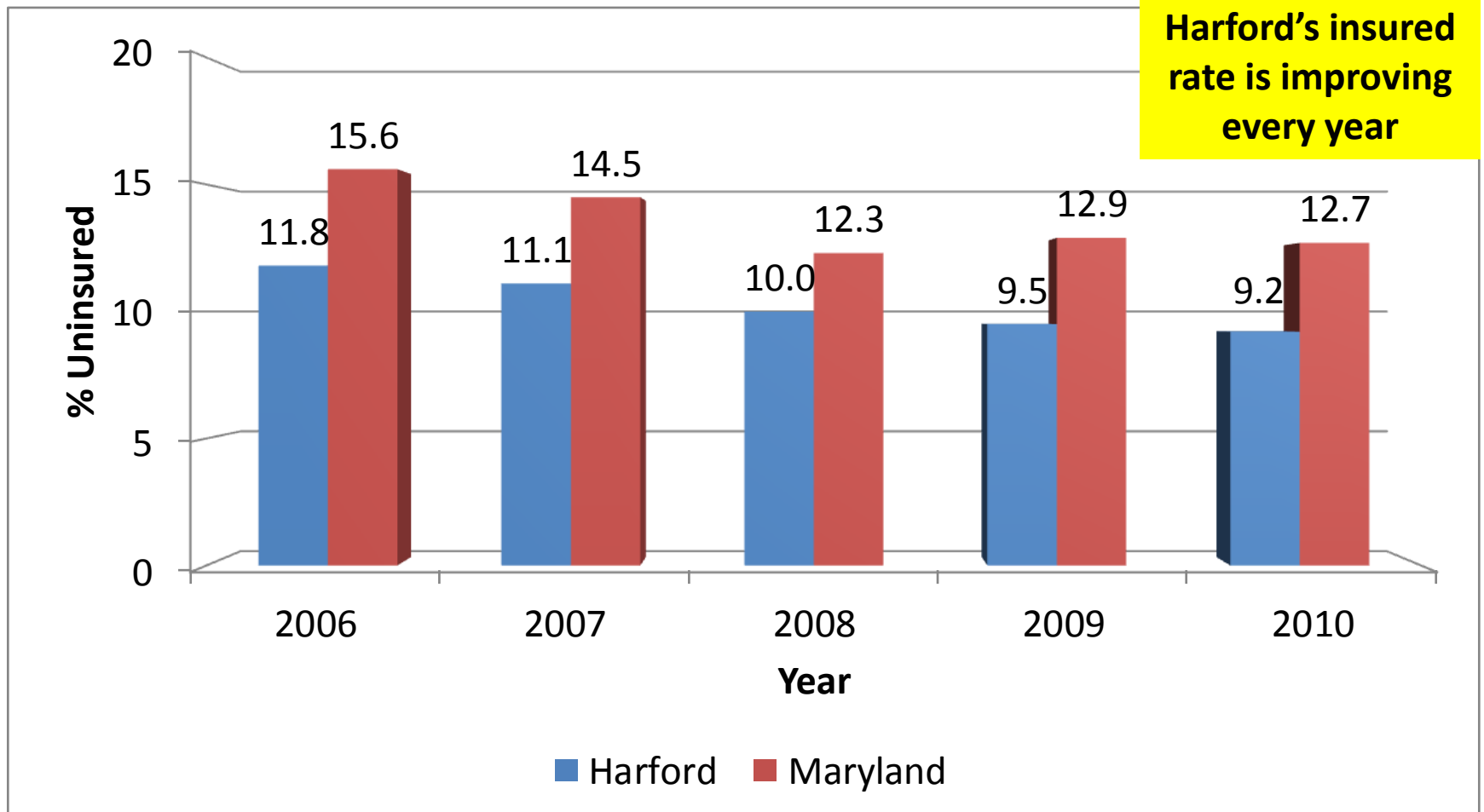
*Are there enough health care providers in Harford County?*

Answer: While Harford County has pockets of primary care and dental health shortage areas, the entire county is considered a mental health professional shortage area.

# ***The 3<sup>rd</sup> Party: Insurers***

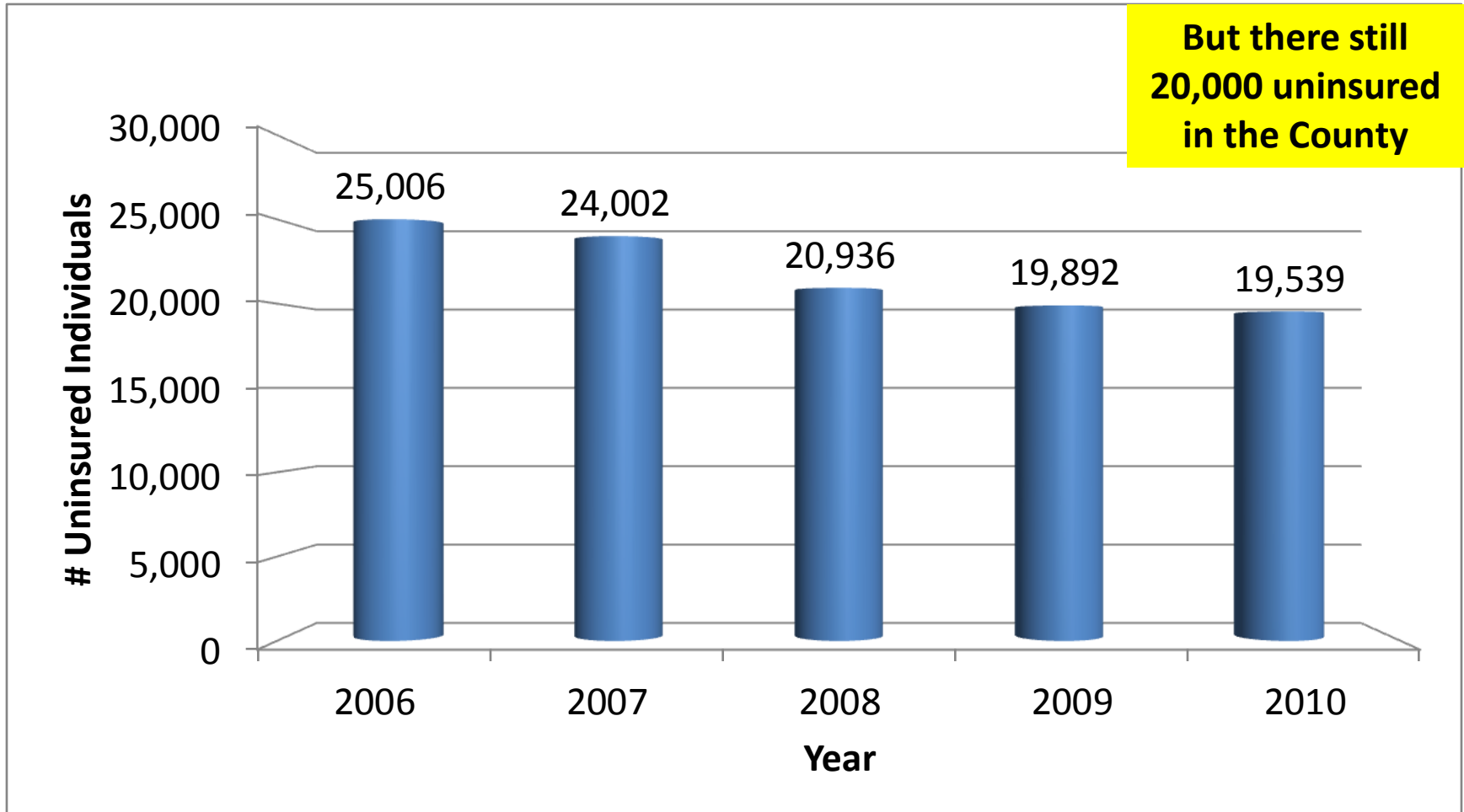
Are Harford County residents covered by health care insurance?

# ***Percent Uninsured, < Age 65 in Harford County & Maryland, 2006-2010***



Source: Small Area Health Insurance Estimates,  
U.S. Census Bureau and CDC

# *Number Uninsured, < Age 65 in Harford County, 2006-2010*



Source: Small Area Health Insurance Estimates,  
U.S. Census Bureau and CDC

# Impact of Health Care Reform in Harford County

Next year, up to 11,200 newly insured in the County

## CY 2013

19,526 Uninsured

**GROUP 1**  
< 138% FPL:  
 25,646 MA Insured  
 5,571 Uninsured

**GROUP 2**  
138-400% FPL:  
 9,562 Uninsured

**GROUP 3**  
> 400% FPL:  
 4,393 Uninsured

**3,200 newly MA insured**

**3,614 newly HIX insured**

**4,393 newly insured**

## CY 2014

8,319 Uninsured

**GROUP 1**  
< 138% FPL:  
 28,846 MA Insured  
 2,371 Uninsured

**GROUP 2**  
138-400% FPL:  
 5,948 Uninsured

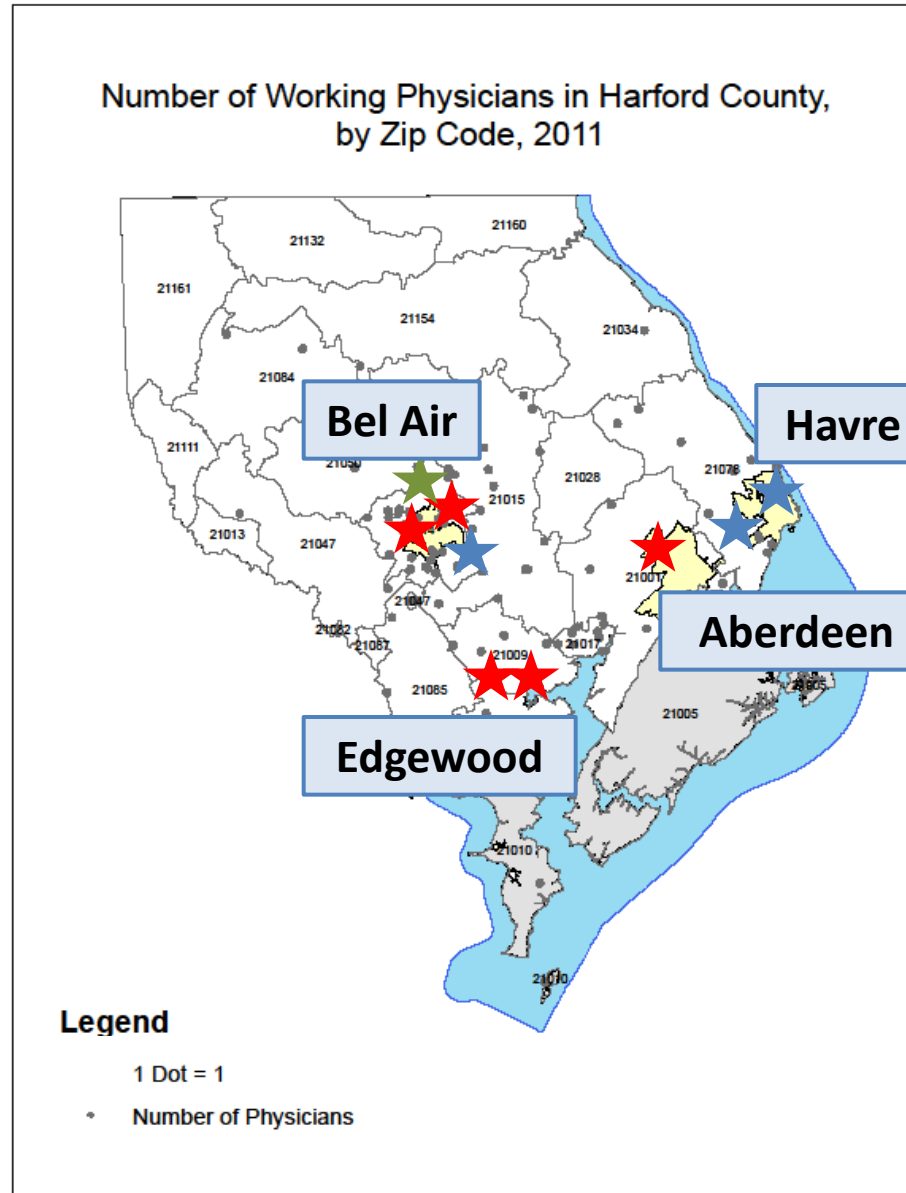
**GROUP 3**  
> 400% FPL:  
 0 Uninsured



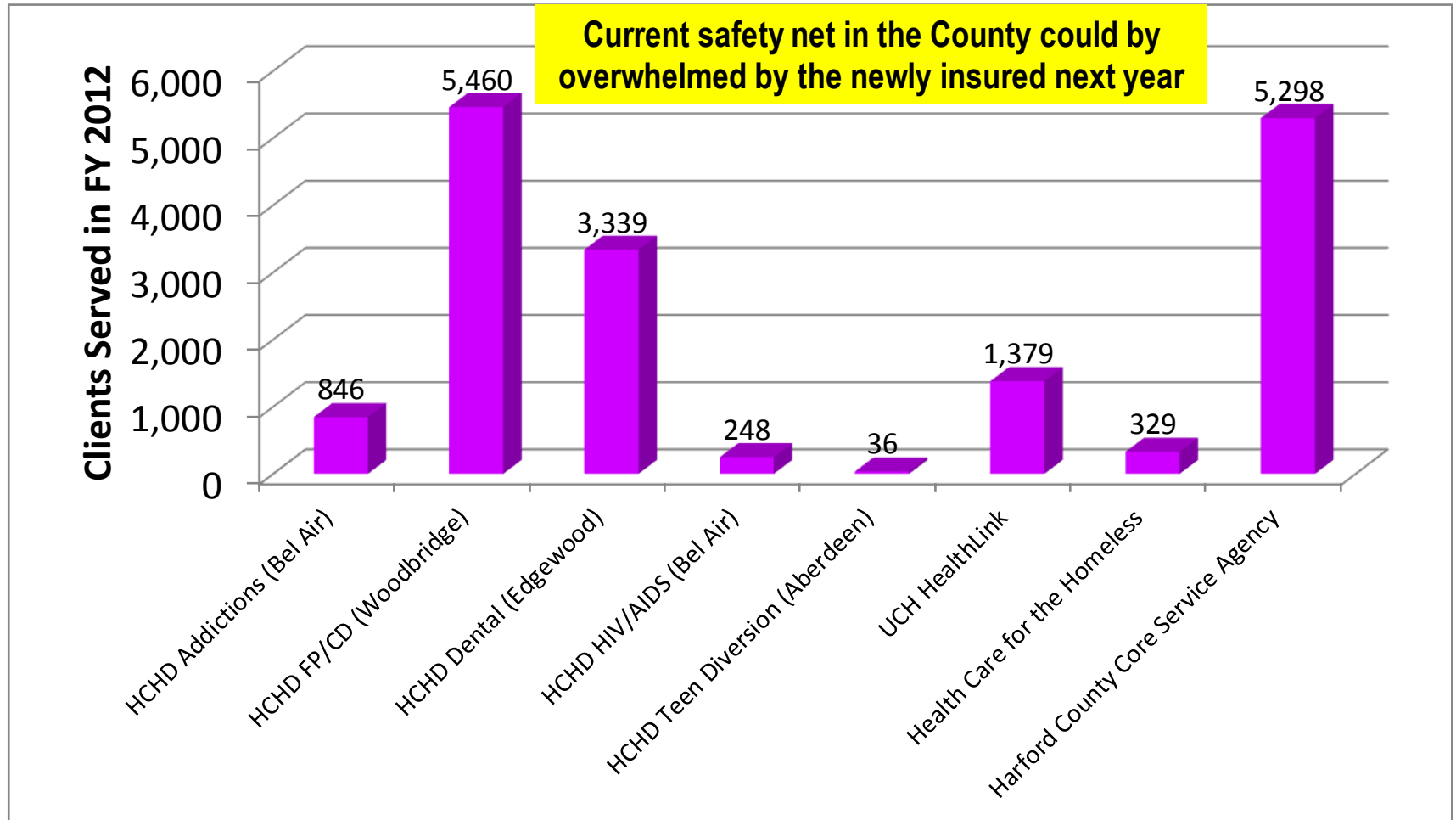
# Major Safety Net Providers in Harford County

## SAFETY NET PROVIDERS

- ★ Harford County Health Department
- ★ Upper Chesapeake Health
- ★ Harford County Core Service Agency



# Harford County's FY 2012 Current Clinical Safety Net Capacity



# *Do Harford County residents have health care insurance?*

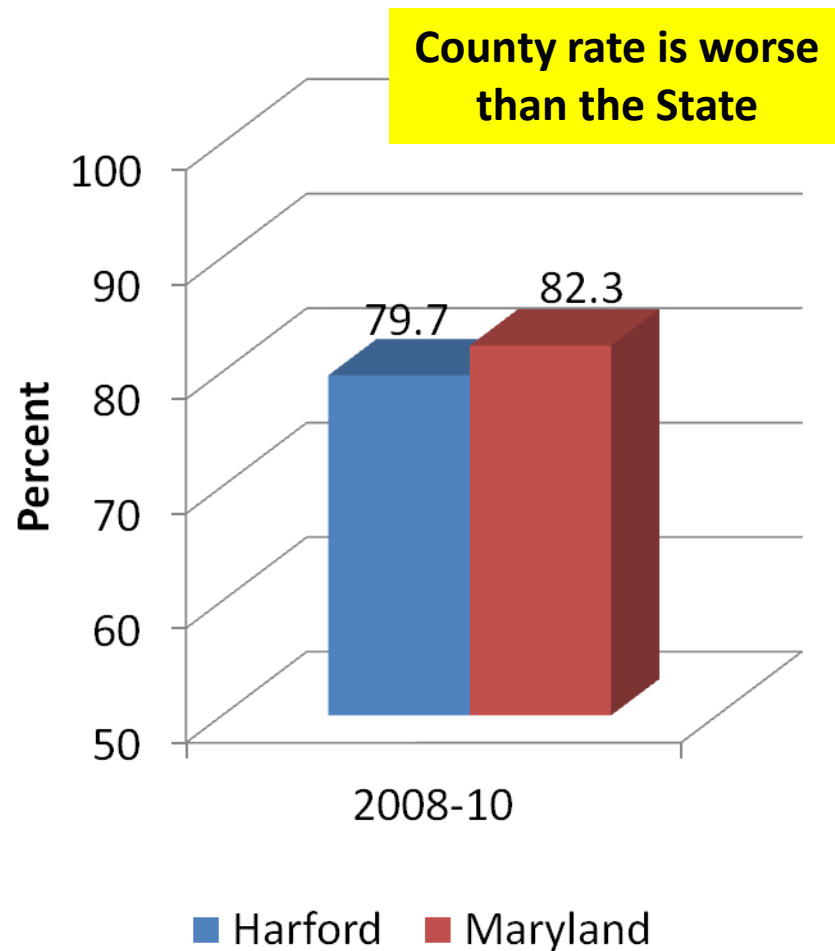
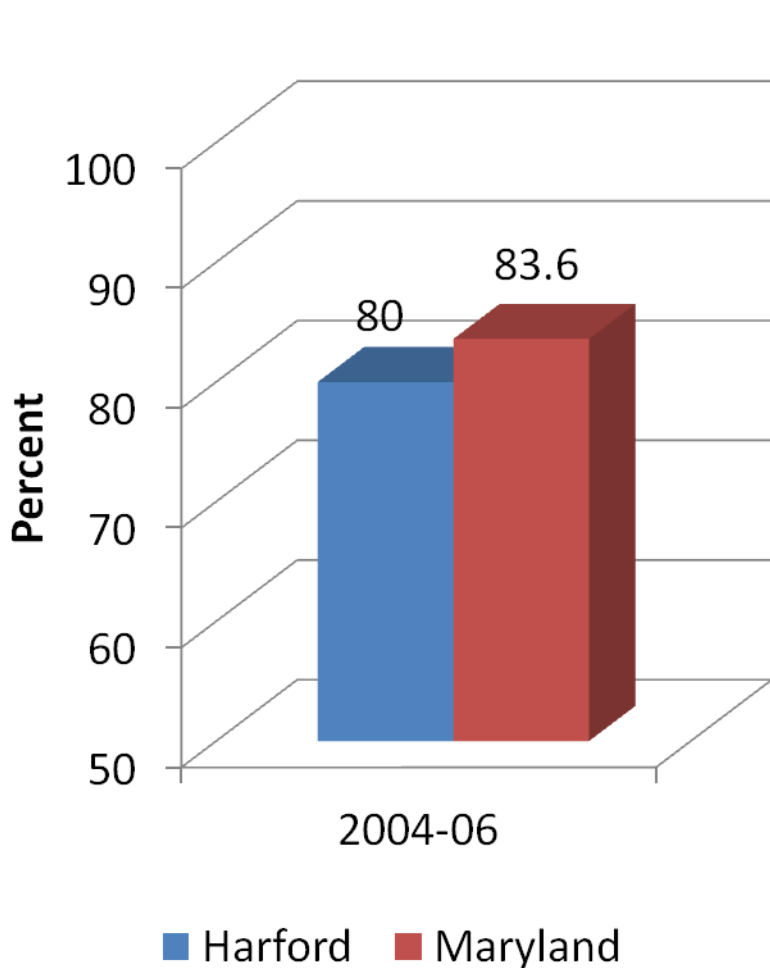
Answer: Harford County is better insured than most other Maryland counties, but there are still nearly 20,000 uninsured in the County – and the safety net is stretched thin.

# ***Back to The 1<sup>st</sup> Party: Patients***

Do Harford County residents  
access health care services?

# Mammography Screenings, > Age 50\*

## Harford County & Maryland, 2004-06 to 2008-10

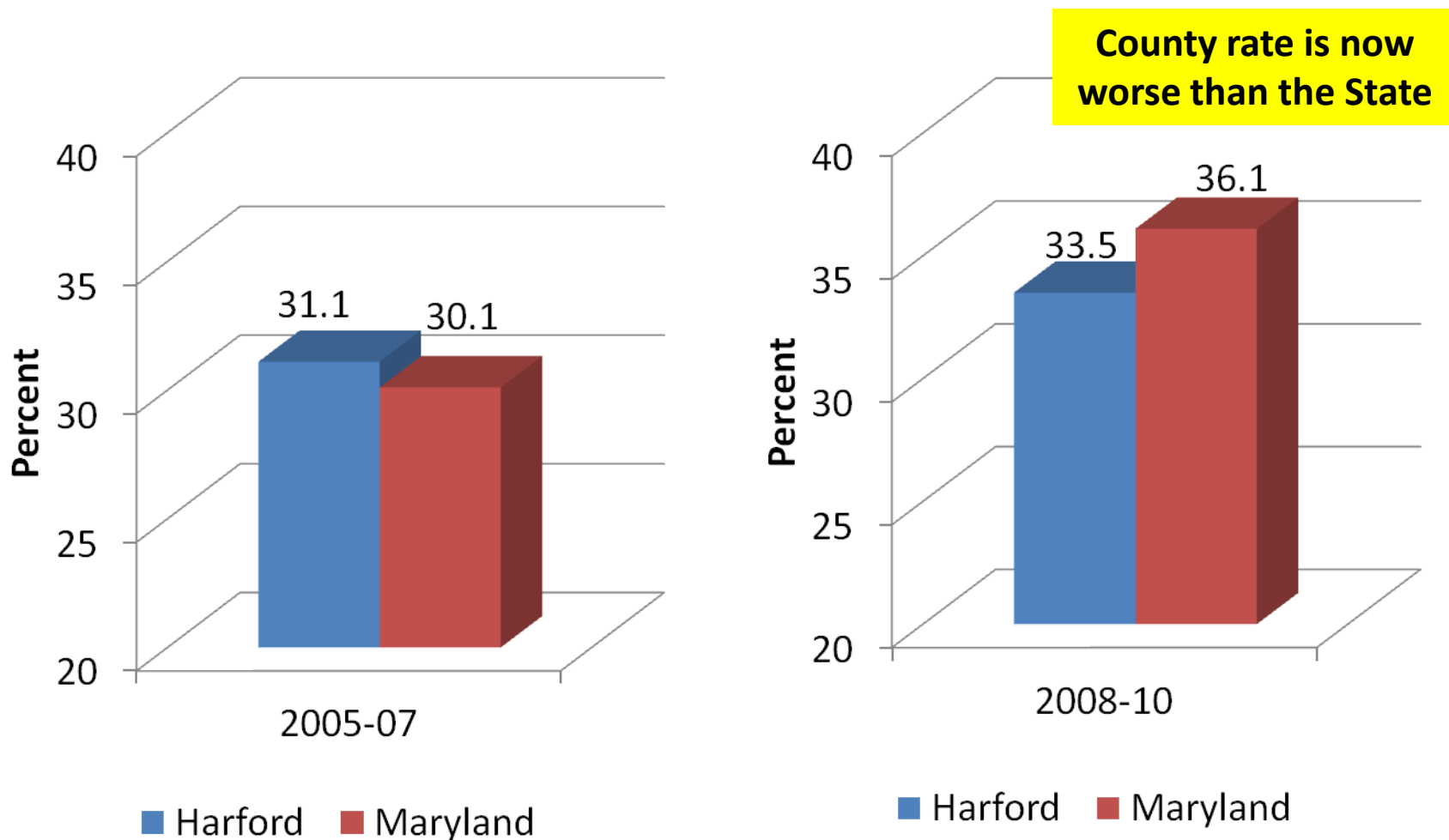


\* Within the past 2 years

Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS)

# Colonoscopy Screenings, > Age 50\*

## Harford County & Maryland, 2005-07 to 2008-10



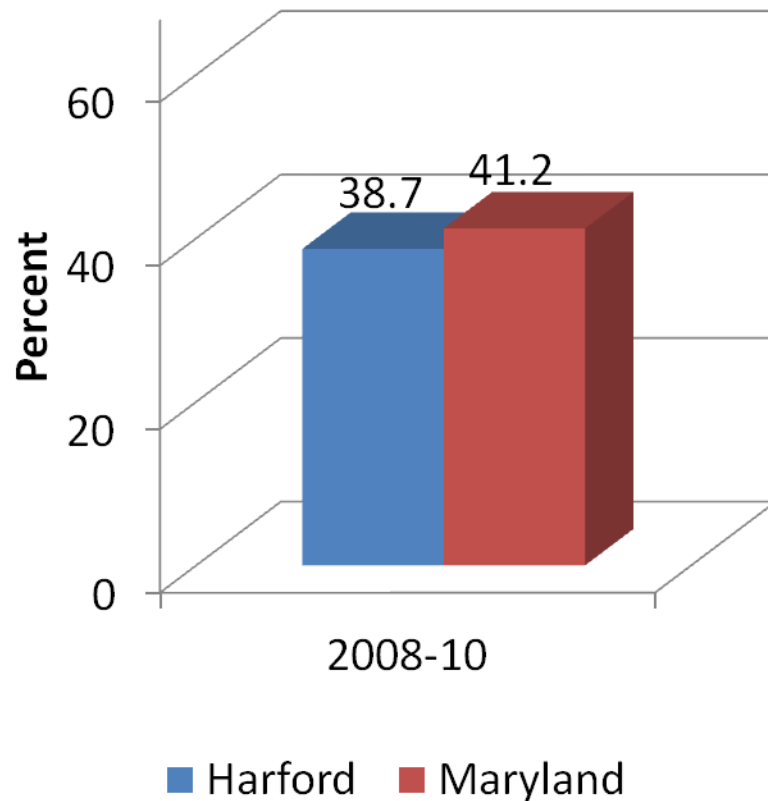
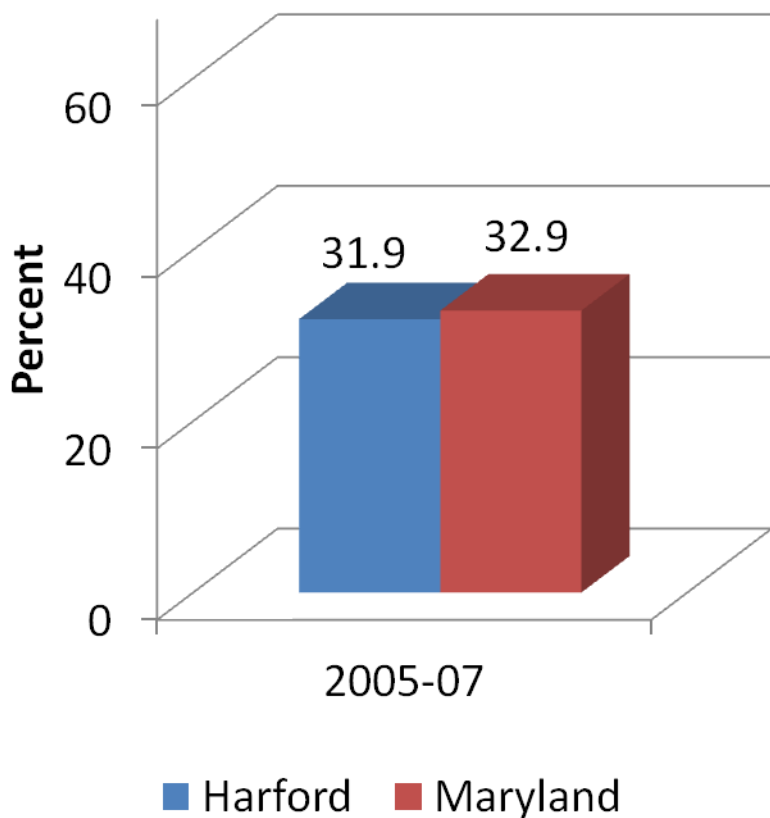
\* Within the past 2 years

Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS)

# Adult Influenza Vaccination Rates

## Harford County & Maryland, 2005-07 to 2008-10

County adult rate is worse than the State



# *Do Harford County residents access health care?*

Answer: Harford County residents do not always access health care services, even though they are better insured than most Marylanders.



# ***HCHD Grants for Promoting Health & Improving Performance***

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## **Local Health Improvement Coalition Care Coordination**

Awarded \$200,000 Maryland Community Health Resources Commission grant for creating a County-wide network of care coordinators that ensures high-risk residents getting the care they need.



## **Assister Services**

Awarded \$187,000 contract from Seedco Inc., the Upper Eastern Shore Connector Entity to provide Assister Services for helping uninsured residents get health insurance and maximizing Medicaid and Qualified Health Plan enrollments in the Maryland Health Connection, as part of Affordable Care Act (ACA) reforms.

# ***Impact of ACA Preventive Care Services***

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## **Intended Impacts . . .**

- All new health insurance plans must cover preventive care (with **no copays or cost-sharing**), including:
  - Routine vaccinations
  - Mammograms
  - Colonoscopies
  - Blood pressure/cholesterol screenings
- Increased access to preventive care services will **promote early detection** and treatment, improving health outcomes & saving lives.
- Preventive care services have been shown to be **cost-effective** in many cases, improving worker productivity & preventing development of costly illnesses over time.

## **Possible Unintended Impacts . . .**

- Preventive services requirement **may not apply to all “non-grandfathered” private health plans.**
- By eliminating cost-sharing & reducing barriers to access, the new rules in some cases **may result in higher premiums** due to increased utilization of preventive services that is not fully offset by future cost savings from the prevention of illness.
- Increased health insurance coverage may result in greater demand for preventive care services, **stretching an already thin clinical safety net even further.**

# ***Preventive Services Covered Under the ACA***

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## **For All Adults**

- Abdominal aortic aneurysm screening
- Alcohol misuse screening/counseling
- Blood pressure & cholesterol screening
- Colorectal cancer screening (> age 50)
- Depression screening
- Diabetes screening (high risk)
- Diet counseling (chronic disease risk)
- HIV screening
- Immunization vaccines
- Obesity screening
- STI prevention counseling
- Tobacco use screening/interventions
- Syphilis screening

## **For Women**

- Anemia screening (pregnancy)
- Bacteriuria screening (pregnancy)
- BRCA counseling (high risk)
- Mammography (> age 40)
- Breastfeeding counseling
- Cervical cancer/HPV screening
- Chlamydia/gonorrhea screening
- Contraception
- Domestic violence counseling
- Folic acid supplements (pregnancy)
- Gestational diabetes screening
- Hepatitis B screening (pregnancy)
- Osteoporosis screening (> age 60)
- Well-woman visits

# ***Preventive Services Covered Under the ACA***

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## **For Children**

- Alcohol/drug use assessment (teens)
- Autism screening (18-24 months)
- Behavioral assessments
- Blood pressure screening
- Body mass index measurements
- Congenital hypothyroidism screening
- Depression screening (teens)
- Developmental screening (< age 3)
- Dyslipidemia screening (high risk)
- Fluoride chemoprevention
- Hearing screening (newborns)
- Hematocrit/hemoglobin screening
- Hemoglobinopathies (newborns)
- Immunization vaccines
- Iron supplements (high risk)
- Lead screening (high risk)
- Medical history throughout development
- Obesity screening and counseling
- Oral health risk assessment
- Phenylketonuria screening (newborns)
- STI prevention screening (teens)
- Tuberculin testing (high risk)
- Vision screening

Source: US DHHS website, HHS.gov



# **What's on the horizon in health care?**

# *What's on the horizon?*

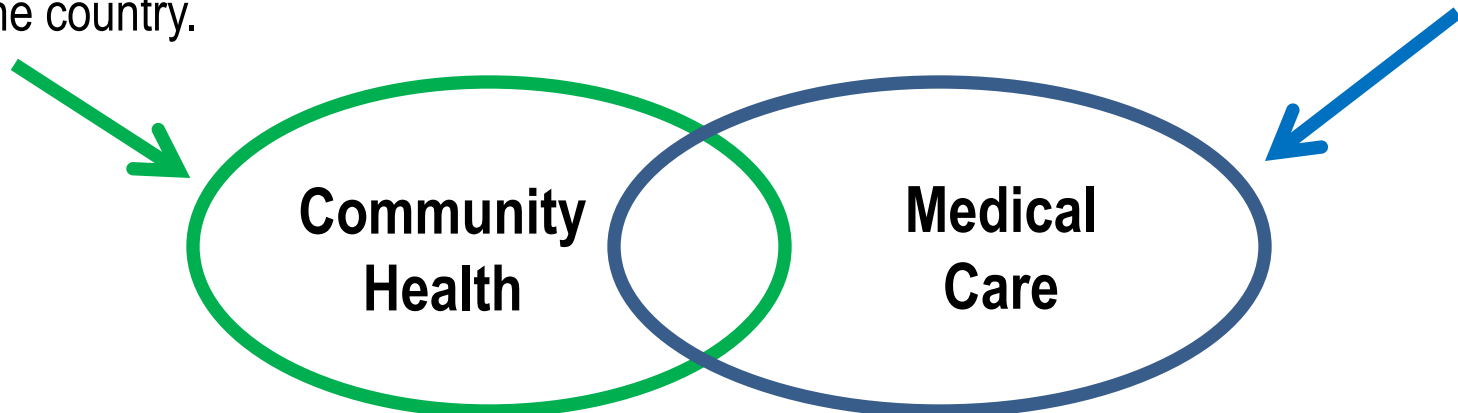
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## Public Health

- Expanded focus on public health data surveillance, community health improvement and **population health** expertise.
- Greater reliance on **insurance reimbursement funding**, lesser reliance on grant funding in the future.
- **National public health accreditation** will standardize the requirements and expectations of public health departments across the country.

## Health Care Financing

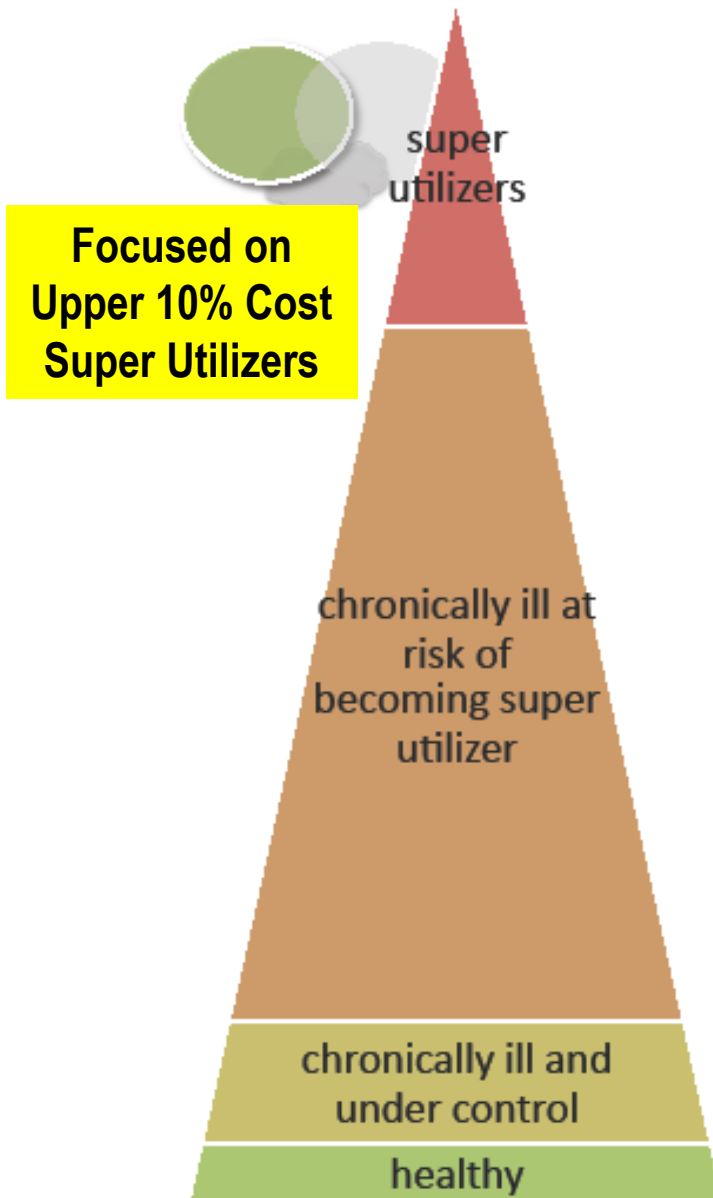
- **Medicaid** reimbursement rates increasing for primary care providers.
- **Medicare** reimbursement rates in question, as funding cuts are needed to help fund ACA.
- Maryland's hospital **all-payer system** under review by CMS that could change reimbursement rules which may ultimately reduce federal funding in future years.



# State Innovation Models (SIM) Grant Solicitation

DHMH Model  
Plan submitted  
to CMS

- Released by Center for Medicare & Medicaid Innovation (CMMI) at CMS
- Purpose: Develop, implement, and test new health care payment and service delivery models at the state-level
- Maryland received “Model Design” award
  - \$2.37 million
  - Planning grant to develop “Community-Integrated Medical Home”
  - Opportunity to apply for “Model Testing” award for up to \$60 million to fund implementation over a 4 year period.



Estimates of Magnitude and Reach: HQP's APS Model Applied to Maryland	
Pop. Descr.	>= 65 yrs with HF, CHD, DIAB and/or COPD and 1+ hosp. adm. in prior yr.
Pop. Size	Est. 15-20% of Medicare population • counts for LHICs TBD; • State ≈ 129,000 <sup>[1]</sup>
Intervention	HQP Advanced Preventive Service – <i>table of interventions</i>
Care team composition and reach	nurse care manager (1 to 75 persons)
Intervention Cost	Est. \$150 – \$220 PPPM
Total \$ Savings	\$1,320 - \$3,960 PPPY x number of participants enrolled = annual savings
ROI	Est. 50-150%

### Potential Variations to Fit Maryland Context

**Variation #1:** Younger ages, additional target conditions, risk factors, utilization thresholds, or exclusion criteria

**Variation #2:** Interventions appropriate to population

**Variation #3:** Care team composition  
• appropriate to intervention  
• top-of-license workforce

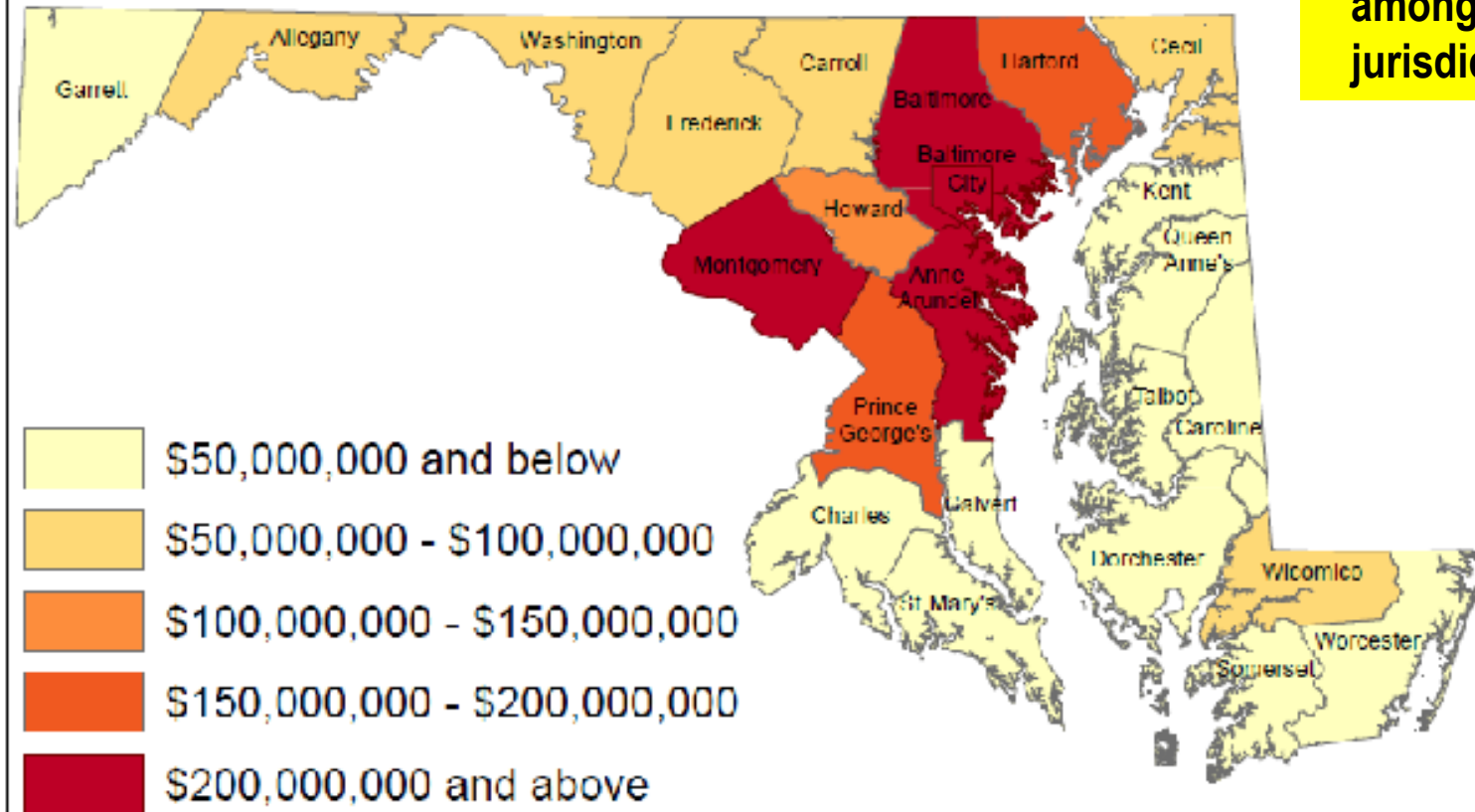
*Variations will affect intervention cost, reach, total savings, and ROI*

<sup>[1]</sup> Expecting to enroll about 1 in 4 (25%) of target pop. ≈ 32,250



# Maryland Super Utilizers by County: Total Charges of Top 10%

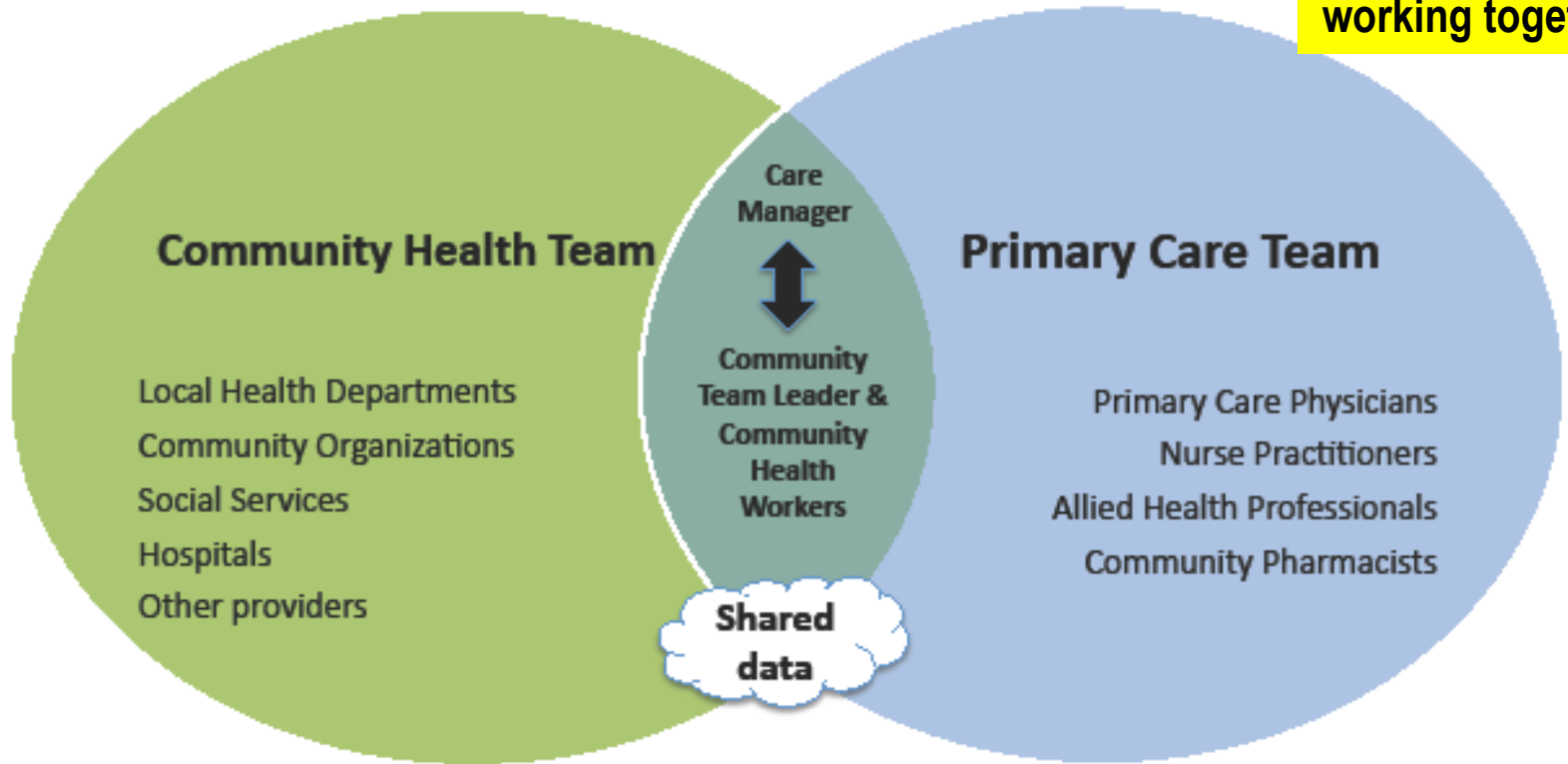
**Harford County  
among top 7  
jurisdictions**



Data provided by Health Services Cost Review Commission  
Data analyzed by Sara Barra and mapped by Elizabeth Duccy

# Community-Integrated Medical Home

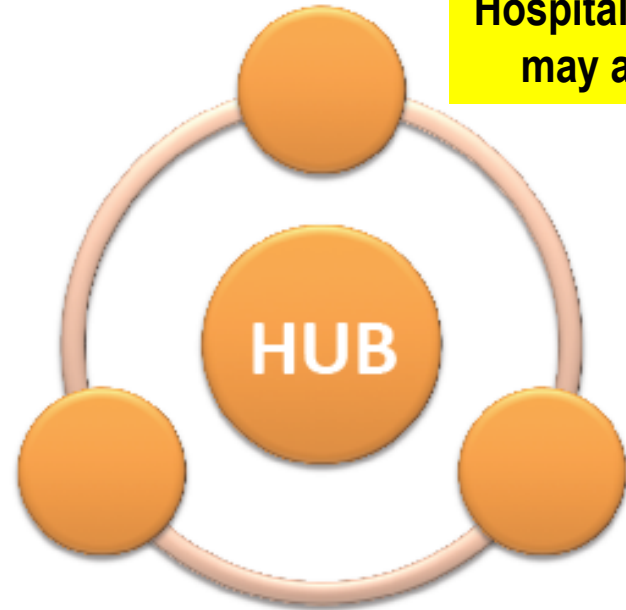
Providers & Public Health working together



# Regional Community Health Teams “HUBs”

LHD, LHIC,  
Hospital, 501c3  
may apply

- HUBs will be established in MD through an RFP process to deploy community wrap around interventions for defined target populations – “hot spotting”.
- HUB entities may include: Local Health Departments (LHD), Hospital, LHIC, 501c3 community based organization, or a collaborative partnership.
- HUBs will be established based on need; depending on population density HUBs will vary in size and one HUB could serve more than one jurisdiction not to exceed a geographic radius of 45 miles.
- The Community-Based Public Utility will provide oversight and technical assistance to the HUB.



# *Harford County's Community Health Improvement Plan*

- **Are we making good progress?**
- **Are we focusing on the best strategies?**
  - **Suggestions for strengthening?**
  - **Suggestions for other partners?**

# Questions

Please visit Harford County Health Department at:  
[www.harfordcountyhealth.com](http://www.harfordcountyhealth.com)