FIHET Equity in All Policies Webinar Series:
Webinar #3

Moderators: Onyemaechi Nweke, DrPH, MPH
Monica Valdes Lupi, JD, MPH

June 23, 2014
Speakers

Ms. Michelle Spencer, Director of the Prevention and Health Promotion Administration, Maryland Department of Health and Mental Hygiene

Ms. Carlessia A. Hussein, Director, Maryland State Office of Minority Health and Health Disparities

Mr. Mark Luckner, Executive Director, Maryland Community Health Resources Commission
Maryland’s Health Enterprise Zones: Policy and Administrative Initiatives To Address Health Disparities and Advance Health Equity

June 23, 2014

Presenters:
Ms. Michelle L. Spencer
Dr. Carlessia A. Hussein
Mr. Mark A. Luckner
Ms. Michelle L. Spencer
Director
Prevention and Health Promotion Administration, Maryland Department of Health and Mental Hygiene

http://phpa.dhmh.maryland.gov/SitePages/phpa.aspx
In Maryland, chronic diseases—such as heart disease, cancer, and diabetes—are the leading causes of death, disability, and health care costs, accounting for 70% of all deaths each year and 75% of all medical costs (Anderson, 2010).

Though very preventable, chronic diseases are among the most common and costly health problems in the country.
Burden of Heart Disease in Maryland

Heart Disease Age-Adjusted Mortality Rate by Maryland Census Tract 2004-2008

Heart Disease Rate by Quintile

- Less Than 5 Cases
- 32.5 - 148.9
- 149.0 - 191.1
- 191.2 - 229.6
- 229.7 - 279.1
- 279.2 - 1124.3
Heart Disease and Stroke

Every 33 minutes, one person in Maryland dies from heart attack, stroke, or other cardiovascular disease.

(Maryland BRFSS, 2011)

In 2010, heart disease and stroke accounted for $1.227 billion dollars of hospital expenses in Maryland.

(matchstats.org)
Diabetes Prevalence in Maryland

Maryland BRFSS 2008-2010
2010 Asthma ED Visit Rates By Race and Maryland County

Rate (per 10,000 population)

County Baseline  Black/African American  White (non-Hispanic)

Data: Maryland Health Services Cost Review Commission (HSCRC) 2010
Need for Focused Attention

We realize that the areas with the worst health outcomes and the most health disparities, also cost the State the most money.
Dr. Carlessia A. Hussein

Director

Office of Minority Health and Health Disparities,
Maryland Department of Health and Mental Hygiene

http://dhmh.maryland.gov/mhhd/SitePages/Home.aspx
### Maryland is One of the Most R/E Diverse States

#### Racial or Ethnic Minority Population (Number and Percent), by Jurisdiction, Maryland 2010

<table>
<thead>
<tr>
<th>Maryland Counties</th>
<th>% Racial/Ethnic Minority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prince George's County</td>
<td>85.1%</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>72.0%</td>
</tr>
<tr>
<td>Charles County</td>
<td>51.6%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>50.7%</td>
</tr>
<tr>
<td>Somerset County</td>
<td>47.9%</td>
</tr>
<tr>
<td>Howard County</td>
<td>40.8%</td>
</tr>
<tr>
<td>Baltimore County</td>
<td>37.3%</td>
</tr>
<tr>
<td>Dorchester County</td>
<td>33.8%</td>
</tr>
<tr>
<td>Wicomico County</td>
<td>33.4%</td>
</tr>
<tr>
<td>Anne Arundel County</td>
<td>27.6%</td>
</tr>
<tr>
<td>St. Mary's County</td>
<td>23.5%</td>
</tr>
<tr>
<td>Frederick County</td>
<td>22.2%</td>
</tr>
<tr>
<td>Kent County</td>
<td>21.9%</td>
</tr>
<tr>
<td>Caroline County</td>
<td>21.8%</td>
</tr>
<tr>
<td>Talbot County</td>
<td>21.0%</td>
</tr>
<tr>
<td>Harford County</td>
<td>20.8%</td>
</tr>
<tr>
<td>Calvert County</td>
<td>20.3%</td>
</tr>
<tr>
<td>Worcester County</td>
<td>19.7%</td>
</tr>
<tr>
<td>Washington County</td>
<td>16.7%</td>
</tr>
<tr>
<td>Queen Anne's County</td>
<td>12.7%</td>
</tr>
<tr>
<td>Cecil County</td>
<td>12.0%</td>
</tr>
<tr>
<td>Allegany County</td>
<td>11.8%</td>
</tr>
<tr>
<td>Carroll County</td>
<td>8.8%</td>
</tr>
<tr>
<td>Garrett County</td>
<td>2.7%</td>
</tr>
<tr>
<td><strong>Maryland Total</strong></td>
<td><strong>45.3%</strong></td>
</tr>
</tbody>
</table>

#### Key Statistics:
- **45% minority** across 24 jurisdictions.
- **4 jurisdictions** have > 50% minority.
- **6 jurisdictions** have > 40% minority.
- **9 jurisdictions** have > 33% minority.

Data Map Created: February 2011
ED Visit Rate Disparities Black vs. White

Black to White Rate Ratio for Selected Chronic Disease Metrics, Maryland SHIP data 2010

(For % good weight, higher is better, so Blacks are 30% worse)
Cost of Disparities in Maryland

- Minority Health Disparities cost Maryland between 1 and 2 Billion Dollars per year of direct medical costs.

- Excess charges from Black/White hospitalization disparities alone were $814 Million in 2011.

  - These are just the hospital charges, NOT including physician fees for hospital care, emergency department charges, or any outpatient costs.
Inception of Maryland Office of Minority Health and Health Disparities

- Established by legislation in 2004
  - Placed in the Office of the Secretary of Health at the Maryland Department of Health and Mental Hygiene.
- Began developing and presenting health equity data, especially to elected officials.
- Developed and disseminated the *Maryland Plan to Eliminate Minority Health Disparities*
- Developed a Health Disparities Logic Model
MHHD and Health Reform in Maryland

• Governor created Maryland Health Care Reform Coordinating Council the day after ACA was signed.
• HCRCC commissioned a workgroup process in 2010 to draft recommendations for implementation of ACA.
  • MHHD provided information to the workgroups:
    – emphasizing Maryland’s large minority population,
    – the magnitude and cost of disparities,
    – the fact that about 2/3 of Maryland uninsured are minority, and
    – need for minority participation to develop minority focused health insurance enrollment outreach.
MHHD Impact on Health Care Reform Coordinating Council

• MHHD made a presentation on Maryland Health Disparities to the Health Care Reform Coordinating Council (HCRCC) in October 2010.

• In the HCRCC’s January 1, 2011 Report:
  • Recommendation # 14: “Achieve reduction and elimination of health disparities through exploration of financial, performance-based incentives and incorporation of other strategies”.

Maryland Health Disparities Workgroup

- Convened by *Maryland Health Quality and Cost Council* in 2011 (Council chaired by Lt. Gov Brown and Sec Sharfstein)
- Workgroup Chaired by Dean Reece of U of MD School of Medicine, included diverse experts on minority health
- Maryland Office of Minority Health and Health Disparities staffed workgroup and co-drafted [*Final Report* in 2012]
- **Report Recommendations:**
  - Health Enterprise Zones (HEZs)
  - Maryland Health Innovation Prize
  - Racial and Ethnic tracking of health care delivery performance
Maryland Health Improvement & Disparities Reduction Act of 2012

• Health Enterprise Zones
• Racial / ethnic data from insurers (MHCC)
• Racial / ethnic data for incentive programs:
  • Hospital incentives (HSCRC)
  • Patient-Centered Medical Homes (MHCC)
• Hospitals report efforts to reduce Disparities
• Health education institutions report efforts
• Cultural competency workgroup of Health Quality and Cost Council
MHHD Logic Model Incorporated into HEZ

• The MHHD Logic Model has six key strategies that are generally applicable to programs.

• These six strategies became HEZ principles:
  – Cultural, linguistic and health literacy competency
  – Workforce diversity
  – Outreach to and targeting of minority populations
  – Racial, ethnic & language data collection/reporting
  – Addressing social determinants of health
  – Balance between provider and community focus
Mr. Mark A. Luckner
Executive Director
Maryland Community Health Resources Commission

http://dhmh.maryland.gov/mchrc/SitePages/Home.aspx
Overview of the 5 Zones

• **Maryland Health Improvement and Disparities Reduction Act of 2012** funded the HEZ program with $4 million per year for four years beginning in 2013

• Call for Proposals, developed October 2012, generated 19 applications from 16 jurisdictions

• Five HEZs were designated in January 2013 from rural, urban, and suburban areas. Three are led by coalitions of hospitals/health systems and two are led by local health departments
HEZ Incentive Program Year One

- HEZ enabling legislation provides a number of incentives and resources to attract providers to the Zones:
  - State income tax credits
  - Hiring tax credits
  - Grants for equipment purchase or lease
  - Loan repayment assistance programs

- Practitioners must meet the following criteria to access tax credits:
  - Cultural competency training
  - Accept Medicaid and uninsured patients
  - Letter of support from the Coordinating Organization
Key Activities of Zones

• **Initiate Community Health Worker Program:**
  – Four of the five zones created a program
  – As of May 2014, 20.5 FTE community health workers have been placed in the Zones

• **Launched Cultural Competency Training:**
  – On site training provided at two sites (Dorchester and Annapolis)
  – Trainings focus on National CLAS standards, workforce diversity, and health literacy

• **Implement Targeted Strategies:**
  – Mobile crisis teams for mental health
  – Healthy food options in known food deserts
  – Health care transportation route
Chronic Conditions Targeted by Zones

• All five Zones target a reduction in the prevalence of Diabetes.

• Other targeted chronic conditions include cardiovascular disease, obesity, asthma, and behavioral health.

• Specific strategies include the following:
  – Community fitness classes
  – Community care and coordination for high ED utilizers
  – Patient “wellness plans” (assist in teaching patient to monitor and control chronic conditions independently)
Key Accomplishments of Zones

• Expanding capacity to deliver healthcare services:
  – 10 new or expanded delivery sites
  – All Zones are providing additional health services

• Meeting first year practitioner recruitment goals
  – Year one goal to hire 37 new practitioners in the Zone
  – As of May 2014, 53.4 FTEs have been hired throughout all 5 Zones

• Promoting job creation and retention
  – As of May 2014, 103.2 FTEs have been added to the Zones
  – This includes practitioners, community health workers, Zone programmatic and support staff
Performance Monitoring in Year One

• Zones develop annual performance goals
  — Progress towards reaching these goals is tracked on a quarterly and annual basis by the CHRC

• An HEZ “Dashboard” assesses performance on key milestones and deliverables of each Zone
  — These dashboards facilitate public reporting, accountability, and fiscal stewardship of public resources. They are available online at:

  http://dhmh.maryland.gov/healthenterprisezones/SitePages/HEZ_Eligibility_Data.aspx
Zone Challenges for Year One

• Though the HEZs achieved their overall practitioner recruitment goals in year one, several of the Zones, especially in rural areas, reported challenges in recruiting primary care providers.

• Zones also reported challenges in collecting and reporting clinical outcomes data and aggregating this data across multiple different EMR systems and paper-based systems.

• The collection of clinical outcomes data will be a key area of focus during year two of the program.
Key Activities for Year Two

• Collectively work with Zones to collect and report clinical outcome data

• External evaluator contracted to provide analysis

• Create an HEZ Learning Collaborative

• Provide technical assistance to the Zones in the areas:
  – Promote workforce recruitment/retention
  – Identify gaps in the HEZ systems of care
  – Support long-term financial sustainability of HEZs
Questions?
Thank you for participating in the Federal Interagency Health Equity Team’s Equity in All Policies webinar series, in partnership with ASTHO.

Questions?