

# Maryland Health Care: Advancing the Culture of Health in Our Communities

## Maryland Action Coalition Summit

Ryan Moran

Director, Community Health – Baltimore City

MedStar Harbor Hospital

MedStar Good Samaritan Hospital

MedStar Union Memorial Hospital

# Defining and Setting Common Parameters Hospital-Based Perspective

Pre- Emergency / Hospital	Emergency Department Utilization	Inpatient Setting And Care Transitions	Community Population Monitoring
<p><b>p</b></p> <p>Community Paramedicine: Baltimore City Pilot Stabilization Center</p>	<p><b>p</b></p> <p><u>Resources</u> ED Navigators Community Health Workers Peer Recovery Specialists Case Managers / Social Workers</p> <p><u>Initiatives:</u> CRISP / Cerner Analytics Accountable Health Communities Throughput Committee</p>	<p><b>p</b></p> <p><u>Resources</u> Community Health Workers Case Managers / Social Workers</p> <p><u>Initiatives:</u> Readmissions - Cerner Alert (MUMH)</p> <p><u>Services:</u> Good Health Center Center for Successful Aging Palliative Care Visiting Nurse Association Other Specialty providers Primary Care <i>In development</i> – Chronic Disease Management Center</p>	<p><b>P</b></p> <p>Community Health Needs Assessment Implementation</p> <p>Community Partnerships to address Social Determinants of Health</p> <p><u>MHH:</u> 1. Behavioral Health Services 2. Food Access 3. Chronic Disease Management 4. Transportation 5. Housing</p> <p><u>MGSH/MUMH:</u> 1. Behavioral Health Services 2. Street Safety 3. Chronic Disease Management 4. Job Opportunities 5. Housing</p>

Staffed FTEs

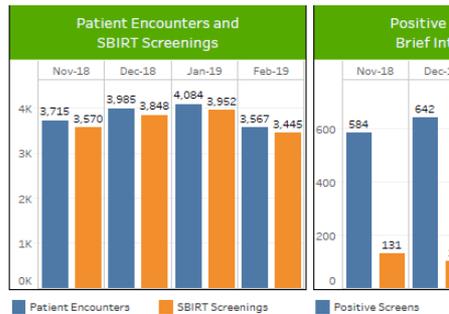
# Priority Area 1: Behavioral Health

SBIRT Data - February 2019 Report

MedStar: Union Memorial SBIRT Go-Live Date: August 2016				
Cumulative Totals				
SBIRT Screenings 121,385	Positive Screens 19,016	Brief Interventions 5,897	Referrals to Treatment 1,532	Linkages to Treatment 432

Monthly Percentages

	Nov-18	Dec-18
SBIRT Screenings	96%	97%
Positive Screens	16%	17%
Brief Interventions	22%	16%
Referrals to Treatment	34%	42%
Linkages to Treatment	27%	41%

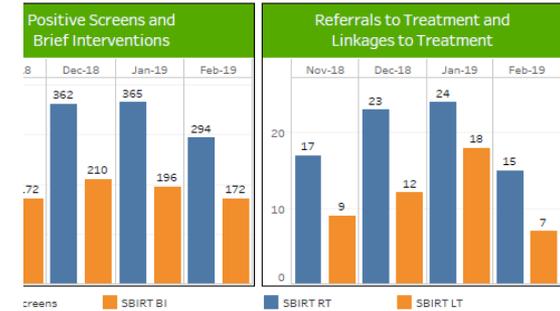


SBIRT Data - February 2019 Report

MedStar: Good Samaritan SBIRT Go-Live Date: August 2016				
Cumulative Totals				
SBIRT Screenings 80,289	Positive Screens 11,076	Brief Interventions 5,757	Referrals to Treatment 1,687	Linkages to Treatment 432

Cumulative Percentages

	Nov-18	Jan-19	Feb-19	Goal
SBIRT Screenings	66%	68%	63%	75%
Positive Screens	14%	14%	14%	N/A
Brief Interventions	58%	54%	59%	60%
Referrals to Treatment	11%	12%	9%	15%
Linkages to Treatment	52%	75%	47%	50%

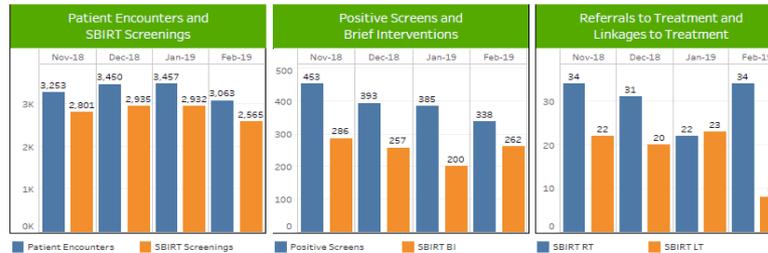


SBIRT Data - February 2019 Report

MedStar: Harbor SBIRT Go-Live Date: November 2015				
Cumulative Totals				
SBIRT Screenings 127,080	Positive Screens 15,249	Brief Interventions 7,618	Referrals to Treatment 1,336	Linkages to Treatment 759

Monthly Percentages

	Nov-18	Dec-18	Jan-19	Feb-19
SBIRT Screenings	86%	85%	85%	84%
Positive Screens	16%	13%	13%	13%
Brief Interventions	63%	66%	52%	78%
Referrals to Treatment	12%	12%	11%	13%
Linkages to Treatment	65%	65%	105%	24%



## Achieved Level 2 recognition from Mayor and Baltimore City Health Department – December 2018

### Opioid Survivor Outreach Program

- Engaged 299 patients
- 176 referred/linked to treatment



# Priority Area 1: Behavioral Health

## What's Next:

Launch SBIRT in Labor and Delivery – MedStar Harbor Hospital

- Go-Live is April 15<sup>th</sup>

Achieve Level 1 Status

- Continue to expand the footprint of providers waived
- Launch Inpatient MAT – April / May 2019

## Changing the conversation:

Stoop Stories event – multi-partner collaboration

Out of Stigma's Shadow – May 21<sup>st</sup> – 7 – 9 p.m.

850 Registered

Baltimore Hebrew Congregation

## Featuring:

Letitia Dzirasa, M.D., Baltimore City Health Commissioner

- Confirmed: Dr. Renz Juaneza (Adult/Older Adult Psychiatrist, MedStar)
- Stacey Meadows, LCSW-C (Manager, Child & Family Therapy, JCS)
- Kay Jamison, MA, Ph.D., World-renowned clinical psychologist, Johns Hopkins School of Medicine)
- Bishop Kevin Daniels, Ph.D, DMin, LGSW (Minister, St. Martin's Church)

**THE STOOP**  
STORYTELLING SERIES

## OUT OF STIGMA'S SHADOW:

True personal stories about mental health, mental illness, and the mysteries inside our heads.

Depression  
Substance Use  
Trauma  
Bipolar Disorder  
Suicide  
Anxiety

Special thanks to these event partners

The Associated Jewish Social Services  
BALTIMORE JEWISH COUNCIL HEALTH  
Baltimore  
Behavioral Health Systems  
CATHOLIC CHARITIES BALTIMORE  
CREATING THE DRIVE WITHIN ALL  
JCSQ Jewish Community Services  
Faith Health  
MedStar Health  
NAMI Metropolitan Baltimore

Tuesday, May 21, 2019 | 7:00 p.m.  
Baltimore Hebrew Congregation  
7401 Park Heights Ave. | Baltimore, MD 21208

Seven people will candidly share their fascinating stories. Following their stories, an expert panel will offer additional insight into behavioral health issues, advances in treatment, and resources that help improve lives.

This event is free and open to the public. To reserve your seat, visit <http://bit.do/QOSS>

# Priority Area 2: Social Determinants of Health

## Population Health Workforce Support for Disadvantaged Areas – Baltimore Jobs Program Update

A new front line workforce development program where MedStar Hospitals in the greater Baltimore area have committed to train and hire workers from the community for two types of positions: Community Health Workers/Advocates (CHA) and Peer Recovery Coaches (PRC).

Hires to date: December 31, 2018

	CHA Hired	CHA Retained	CHA Target by 2019		PRC Hired	PRC Retained	PRC Target by 2019	Total Hired to date	Total Target by 2019	Hiring Progress	Retention Rate %
<b>MFSMC</b>	7	5	7		5	3	6	12	13	92%	66%
<b>MHH</b>	5	4	5		4	3	4	9	9	100%	78%
<b>MGSH *</b>	7	5	7*		4	4	4	11	11	100%	82%
<b>MUMH</b>	8	7	8*		3	2	2	11	10	100%	90%
<b>Coordinator</b>	1	1	1		0	0	0	1	1	100%	100%
<b>TOTAL</b>	28	22	28		16	12	16	44	44	98%	83%

<https://www.dropbox.com/s/rdbqrov0kbg6kr6/Community%20Advocate%20Program%20FINAL.mov?dl=0>

# MedStar Health Accountable Health Communities

	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	Total
Health Care Access Maryland – Eligible for Navigation**	0	47	61	53	21	21	26	229
Health Care Access Maryland – Ineligible for Navigation**	0	23	23	35	15	15	23	134
MedStar Community Health Advocates*	42	116	57	91	30	46	36	418
<b>Total</b>	<b>42</b>	<b>186</b>	<b>141</b>	<b>179</b>	<b>66</b>	<b>82</b>	<b>85</b>	<b>781</b>

\*\*Two community health workers employed by HCAM screen patients for social needs. Eligibility to receive HCAM navigation services include: 2+ ED visits in past year, at least one social need, Medicare/Medicaid, and Baltimore City resident

\*Data from MedStar Harbor Hospital, MedStar Good Samaritan Hospital, and MedStar Union Memorial Hospital

## Top Identified Needs

1. Food Access
2. Transportation
3. Employment
4. Utilities
5. Housing



54% report food insecurity



48% report transportation barriers



32% report the need for employment/job assistances

## Top Housing Concerns:

1. Pests
2. Mold
3. Water leaks
4. Lack of heat



19% report the need for utility assistance



14% worried of losing their home  
12% do not have a steady place to live



78% report 2+ ED visits in last year

# Example Food Access : Addressing Social Needs through Partnership Development

When patient expresses need for food, MHH and MGSB received “pilot funding” to write a prescription for food in partnership with Hungry Harvest.

Prescription entails:

- Home delivery of fruits, greens, and vegetables for eight weeks
- Estimated 2-4 people for a total of 5 meals



You have been enrolled to receive a home delivery of fresh fruits, greens, and vegetables every other week for the next eight weeks.

Each delivery is estimated to serve two to four people for a total of five meals.

Your first expected delivery date is: \_\_\_\_\_

If you have any issues with your order, or you do not use contact: \_\_\_\_\_

MedStar Harbor Hospital HarvestRx						
	Nov. 2018	Dec. 2018	Jan. 2019	Feb. 2019	Mar-19	Total
Patients Enrolled	39	12	16	4	6	77
Pounds of Food	585	180	240	60	90	1155
MedStar Good Samaritan Hospital HarvestRx						
	Jan. 2019	Feb. 2019	Mar-19	Total		
Patients Enrolled	12	3	8	23		
Pounds of Food	180	45	120	345		

# Example Transportation: Addressing Social Needs through Partnership Development

Since launch in May 2017...through March 2019

21,800 Rides Across MedStar

Average 7 miles

Average cost \$13.57



MedStar Harbor Hospital 6,976 rides or 48,832 miles or \$94,664

MedStar Union Memorial 4,796 or 33,572 miles or \$65,081

MedStar Good Samaritan 1,090 rides or 7,630 miles or \$14,791

MedStar Baltimore City 12,862 rides or 90,034 miles or \$174,537

1	Harbor	32%
2	Union	22%
3	Franklin	17%
4	WHC	17%
5	Good Sam	5%
6	GUH	3%
7	MMMC	1%

# Example Violence: Addressing Social Needs through Partnership Development

The Cure Violence/Safe Streets Model is a public health derived strategy aimed at reducing gun violence. The target populations are individuals at high risk of involvement in shootings and killings. The program will employ a full-time responder and part-time responder in MedStar Harbor Hospital's emergency department. The Responders will implement strategies to reduce violence related to injury re-admissions, intervene in scenarios of retaliation, and support access to the wrap around services offered by MHH and affiliates.

The Responders provide direct services by means of education, advocacy, and service coordination of individuals injured through violence to extend the support services of MHH in collaboration with Safe Streets Baltimore.

## Hours of Responders:

### Full Time 1.0 FTE Responder

M – F – 3 – 11 p.m.

### 0.5 FTE Part-Time Responder

Fri – 6 - midnight

Saturday – 3 – 11 p.m.

Sun – 6 – midnight



# Recognition of Work

## Launching Community and Population Health Across Three Acute Care Settings

Ryan Moran, MHSA, Director, Community Health - Baltimore City, MedStar Health

### About MedStar Health:

MedStar Health is the largest healthcare provider in Maryland and the Washington, D.C., region. MedStar's 10 hospitals, the MedStar Health Research Institute, MedStar Medical Group, and MedStar Institute for Innovation are recognized regionally and nationally.

### MedStar Hospital's in Baltimore City:

MedStar Harbor Hospital, MedStar Good Samaritan Hospital and MedStar Union Memorial Hospital are three hospitals located in Baltimore City. Each serve as a hub for specific inpatient hospital services. The three hospitals account for more than 165,000 ED visits per year, which is more than a third of Baltimore City's population. At the epicenter of the opioid epidemic, all three hospitals collectively see more than 15,000 addiction related visits per year.

Given the close proximity of the hospital facilities, the need to centralize connections with external stakeholders (e.g. Baltimore City Health Department), and opportunities to scale population health efforts, a hospital-based community health department was launched under unified leadership in October 2017.

### Additional Factors for Launch:

- Hospital Payment Models (Maryland Global Budget Revenue Model)
- Pay for Performance
  - Quality-Based
  - Readmissions
- Community Health Needs Assessment
- Decrease emergency utilization; total cost of care

### Defining and Setting Common Parameters:

Key to senior leadership, middle management, internal and external stakeholders was the ability to create common definitions to articulate parameters for community and population health efforts. Interventions and implementation strategies to improve outcomes are targeted to four defined subsets of populations. These populations are identifiable and measurable (small p[population]) or represent work to influence the broader community (Big P[population]).

- **Pre-Emergency** - partnering with external organizations to reduce emergency department utilization
- **Emergency Department** - reducing high utilizer patterns
- **Inpatient and Care Transitions** - making community based connections for patients to avoid readmissions and keep them healthy
- **Community and Population Monitoring** - needs assessment as a way to prioritize

### Organizational Design



## Playing the Long Game: Connect & Collaborate to Tackle Social Determinants of Health

Roxanna Guilford-Blake | March 08, 2019  
Healthcare Economics & Policy



## Cardiovascular Business Magazine



Pre-Emergency/Hospital	Emergency Department Utilization
<p><b>P</b></p> <p>Community Paramedics: Baltimore City Pilot Stabilization Center</p>	<p><b>P</b></p> <p>Resources:</p> <ul style="list-style-type: none"> <li>ED Navigator</li> <li>Community Health Workers</li> <li>Peer Recovery Specialists</li> <li>Case Managers / Social Workers</li> </ul> <p>Initiatives:</p> <ul style="list-style-type: none"> <li>CRISP / Career Analytics</li> <li>Accountable Health Communities</li> <li>Throughput Committee</li> </ul>

### MedStar Union Memorial Hospital completes CHRC grant to reduce preventable hospital utilization and refer individuals to primary care

MedStar Union Memorial Hospital completed a three-year grant with the CHRC to reduce preventable hospital ED visits and refer individuals to ongoing primary care services in community-based settings. The grant involved hospital-community partnerships and funded a patient navigator position who worked with 2,695 individuals over the three years of the program, linking them with a primary care provider. In a pre/post analysis of hospital utilization rates for program participants, the grantee reported the following:

- 14.4% reduction one month after linking to primary care,
- 9.9% reduction after three months; and
- no reduction after six months.

These results suggest that while reductions in preventable utilization are seen in the months immediately after individuals are linked to primary care, more intensive follow-up with patients may be needed to sustain reductions over the longer term. Due to the promising results of preventing avoidable utilization, **Medstar Union Memorial has indicated that it will sustain the program after the CHRC grant has ended.**

...mes, possibly providing a return on investment. Margins matter,

...makers have begun paying more attention to the impact of both and other conditions. It's something many community and thought quate housing, transportation, healthy food, social connections es seen across race and socioeconomic groups in the U.S.

## Maryland Community Health Resource Commission

## Accountable Health Communities

## CMS Site Visit – December 2018



Knowledge and Compassion **Focused on You**