MID-SHORE RURAL HEALTH COLLABORATIVE

PROGRESS REPORT

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CHARGE

CHARGE OF SB 1056

- **Design Rural Health Model**

1. **Improving access & delivery health services,**
2. **Meeting Triple Aim – cost, outcomes, client centered**
3. **Align with Maryland Total Cost of Care Waiver (cost, outcomes, population health)**

- **Determine Rural Complex Components (co-locating services for better client access and utilization)**

1. **Define components, criteria and standards (to allow Secretary to designate and fund complexes)**
2. **Report by Dec 1, 2020 before choose location for pilot in Mid Shore**

CHALLENGES FOR MODEL

1. Charge not about hospital closures; some disappointed
2. Past rural health solutions only about number of physicians
3. Can't mandate collaboration
4. Collaboration needs shared agenda (@patients)

CHALLENGES, cont'd

5. Design model aligned with goals not achieved in national or state model
6. Align with MD's Total Cost of Care Waiver – early and not easy to understand
7. Involves health and social services without plan for latter
8. Group veered to defining "how" before defining "what"

CHALLENGES FOR COMPLEX

1. Concept is for co-location of services; collaboration critical
2. Space big problem & limited resources of social providers
3. Building facility just for rural complex too costly to duplicate; need existing ambulatory facility with available space
4. FQHCs have been best model of co-location of services
5. Many opportunities for lower level co-location for model

APPROACH OF RHC ON DESIGN

- Maximize existing clinical and social services before new investments
- What are barriers to health considering 80/20 responsibility for health status
- Are there examples of projects that would help us in the design?
- Define what you want instead of how to build it
- Keep it financially feasible

NEEDS

1. Improve care coordination
2. Enhance transportation services
3. Facilitate telehealth for PCPs patients
4. After hours and weekend primary care access
5. Increase primary care, behavioral health, obstetrics, dental - mid-level providers more feasible

NEEDS cont'd

6. Local health departments work with PCPs – prevention & CD management
7. Co-location behavioral health providers with primary care
8. Co-locating some social services (representatives if not all staff)
9. Increase health literacy and engagement of patients

CARE COORDINATION COMPONENT *What are criteria & standards?*

- Co-ordinate Clinical; co-ordinate Social; Co-ordinate clinical with social
- What would great care co-ordination look like? How to measure?
- Who is responsible for what parts?
- Who has incentives and who doesn't?
- Will there be additional challenges with Medicaid?
- How do we bridge the private and public sectors for better care?

FEASIBLE FUNDING OPTIONS???

- Aligning with Total Cost of Care Waiver
  - A. Hospital, PCP's incentives
  - B. Care Transformation Organizations and Care Managers
- Hospital Community Benefits for not for profit hospitals
- Future savings from Maryland's Total Cost of Care Waiver
- State funding

RECOMMENDATIONS December 1, 2020

- Rural Health Model Design
- Rural Health Complex – components, criteria, and standards

Recommendations delivered before a pilot site is selected.

QUESTIONS?