Maryland Department of Health and Mental Hygiene

300 West Preston Street, Baltimore, MD

Friday, June 28, 2013

9:00 a.m. – 11:00 a.m.

Meeting Summary

Meeting Participants: Salliann Alborn, Denise Matricciani, Mark Luckner, Andrea Mathias, David Stewart, Junaed Siddiqui, Aneeqa Chowdhury

Staff: Sametria McCammon, Dimitar Naydenov, Taleah Parker, Kade Patanavanich, Raquel Samson, Elizabeth Vaidya, Christina Shaklee

Meeting began at 9:00 AM with a welcome from Elizabeth Vaidya. A brief welcome and introduction period followed.

Changing of the Advisory Council's Role - Options

The PCO Advisory Council could provide feedback to the Health Systems and Infrastructure Administration regarding various jurisdictions throughout Maryland on cost sharing and quality of care.

The PCO Advisory Council could also act as a "Access SWAT Team" by providing face-to-face time with local organizations like Area Health Education Centers (AHECs), provide technical assistance and guidance at the community level; act as an advocacy group by identifying gaps and barriers to local-level access, as well as implement various aspects of health care reform.

Another role could be to educate a broad group of organizations and institutions about Health Professional Shortage Areas (HPSAs), and Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs), their purpose and what are the next steps once a designation is established.

Another role could be to assist in defining 'State' criterion for Governor Exceptional MUPs. Per federal requirements, the PCO pulls data on birth and death rates in a suggested rational service area and compares it with the Maryland average. If it is comparatively different from the average, community support and resources are reviewed.

Discussion will continue at next scheduled meeting, 9/27/13.

Charter Review

The PCO will draft a new charter for the Advisory Council to review and make suggestions. Draft Charter will be sent out prior to next meeting.

Proposal to Add New Members

Lenni Preston, Chair of the Maryland Women's Coalition for Health Care Reform; Lena Hershkovitz, Maryland Health Benefits Exchange; Sue Doyle, Carroll County Health Department or Tammy Black, Executive Director of Access Carroll; Russ Montgomery, Director of the Maryland Health Care Quality and Cost Council; Representation for ethnicity groups (e.g. Hispanics; Communicaid, the Esperanza Center) or other groups such as gays and lesbians who have a more limited access to health care services (Equality Maryland).

There is also a new group of community health care workers. Maybe a representative from this group would be a great addition to the Council.

Once draft Charter is agreed upon regarding direction and purpose of group, nominations will be decided upon.

Primary Care Office Updates

Nineteen MUA/P and 16 HPSA proposals are being recommended to Office of Shortage Designation for approval.

Aspects to consider with regards to MUA/Ps include whether increased access to health care has been successful, and if yes – then what kind of technical assistance regions/communities need in order to be successful. A participant suggested that MUA/P designations have brought more resources. Meanwhile, the Eastern Shore needs federally qualified health centers (FQHCs), but on the other hand local providers see them as a potential threat to their business. MUA/P designations provide the eligibility to apply for an FQHC.

Governor exception MUPs have completely different criteria, separate from the federal methodology – (1) the PCO must find two exceptional health disparities higher than the Maryland average; (2) Community must gather letters of support and other data that supports need in the area; (3) The PCO recommends proposal to the Governor for approval; (4) The Governor sends a letter approving or denying proposal; (4) If approved, the PCO sends proposal and Governor's approval letter to the HRSA's Office of Shortage Designation for review. If approved, the area becomes a Governor's Exceptional MUP.

The PCO Advisory Council recommended that the PCO produce an updated map with clearer distinctions between the updated and new MUA/P proposals be submitted to the group. See attachment

Maryland has recommended all of its 30 slots for the J-1 waiver program for this year. It was discussed that there is a need for J-1 visa waiver program physicians. It was added that many communities with HPSA designations in Maryland do not have sufficient resources to pay J-1 visa waiver attorneys. It was also suggested that the state gets access to a pro bono attorney in these needy areas. Dr. Stewart said that he would provide a list of attorneys.

The next project for the PCO is to draft needs assessment and data compendium at some point later this year.

State Health Improvement Plan (SHIP)

This item is subject to be addressed at the next PCO Advisory Council meeting.

Access to Care Program Regional Forums

Access to Care Program regional forums are over. Six were completed.

Health Enterprise Zone (HEZ) Update

There are four HEZs identified as MUA/Ps – Annapolis (Anne Arundel County), West Baltimore (Baltimore City), Landover (Prince George's County), and South Saint Mary's (Saint Mary's County).

Measures concerning the HEZs are currently being developed. They will be publicly released when all the work on them is done.

Local Health Improvement Coalition (LHIC) Awards

In the second year since the beginning of their existence, there are 18 LHICs in Maryland.

A request for proposal (RFP) was announced last May for $1 million in competitive grants based on state intervention model or Community Integrated Medical Home (CIMH) idea. Top seven prospective awardees were invited to present their grants. The first award went to the Tri-County area in the Eastern Shore. The award was written by Dr. Mathias. The grant is aimed at improving access to those who have diabetes, are low-income, and do not seem to have a primary care provider, but instead use the emergency department.

State Innovation Model (SIM Planning Grant – Community Health Integrated Medical Home (CIMH) Update – and CMS Health Care Innovation Award Update

There are ten rounds of meetings on this matter. There has been two meetings thus far. The second meeting discussed who and what the grant is for and how shared savings will be calculated.

It has been agreed upon that quality health partners are the intervention portion of the planning. They have completed and scaled a health care model, and are adapting it for the Maryland context of the planning grant. Their model was very successful in Pennsylvania but the demographics in Pennsylvania are the opposite of the Maryland demographic context. Comparative progress has been made, so the third meeting is expected to be more intense, as participants get closer to their goal.

The HSIA is currently applying for a new grant.

Updates/Next steps

The Workforce Committee is wrapping up its work aimed at retaining providers in Western Maryland, Central Maryland, Southern Maryland, and the Eastern Shore. A conference had previously been

scheduled for the beginning of August, but has shifted to a 50-page report which will include best practices and internal retention studies.

All sub-committees – from all four regions – are wrapping up their projects. There has been some discussion to coordinate efforts with other groups.

Meeting adjourned at 11:10am.